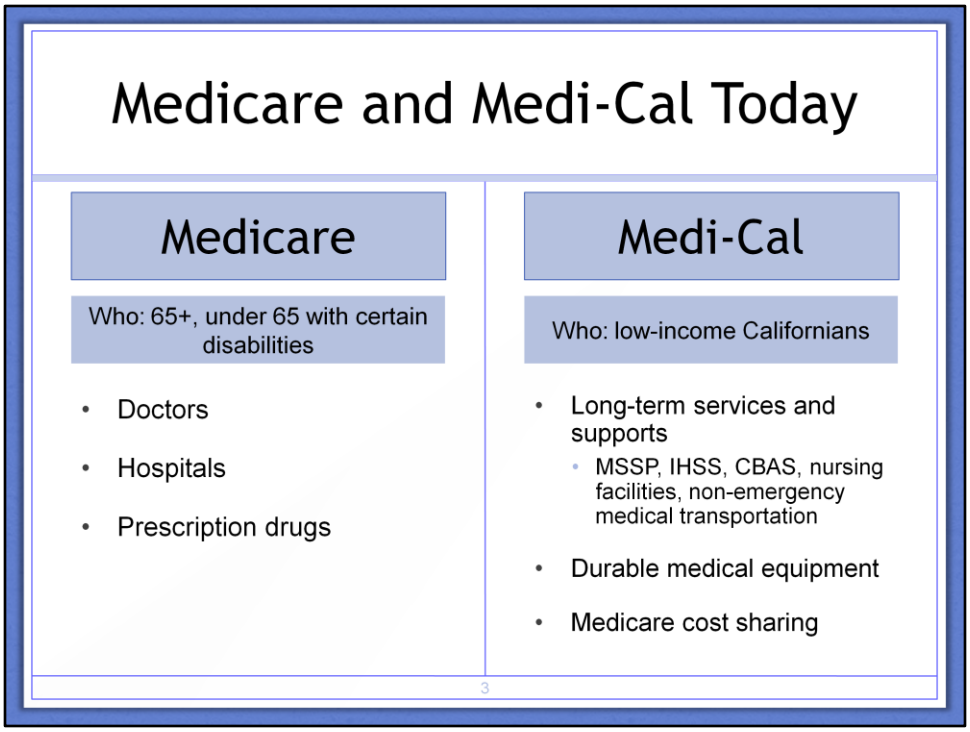
California's Coordinated Care Initiative

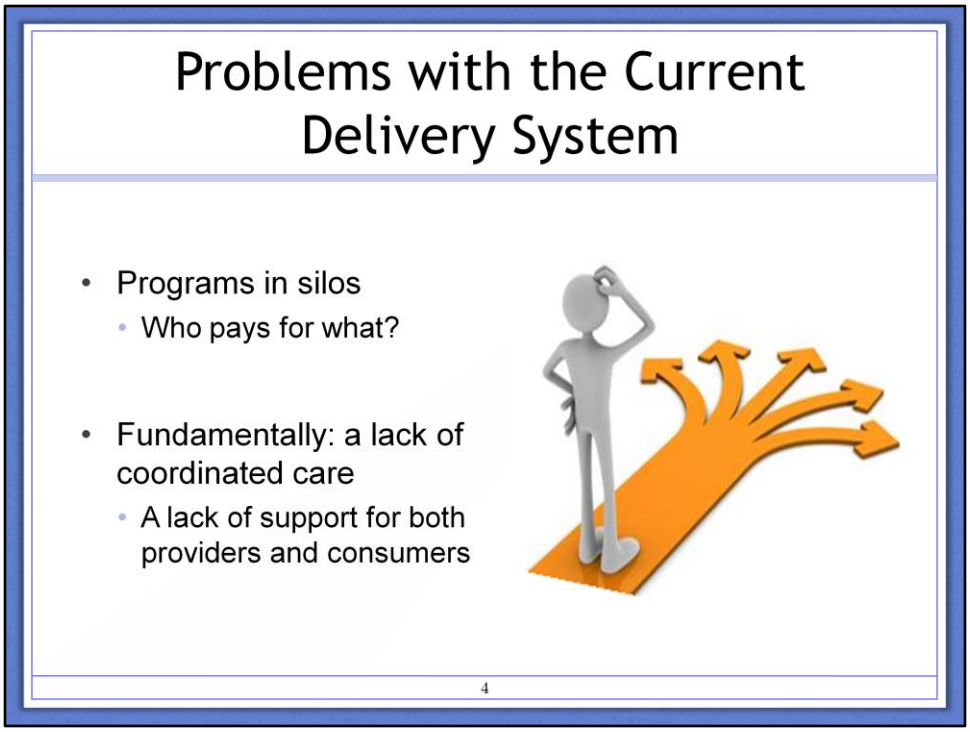
Provider Presentation
February 2014

Roadmap

- About the Coordinated Care Initiative
- Value of Cal MediConnect for Providers
- Participating in Cal MediConnect
- Key Consumer Protections

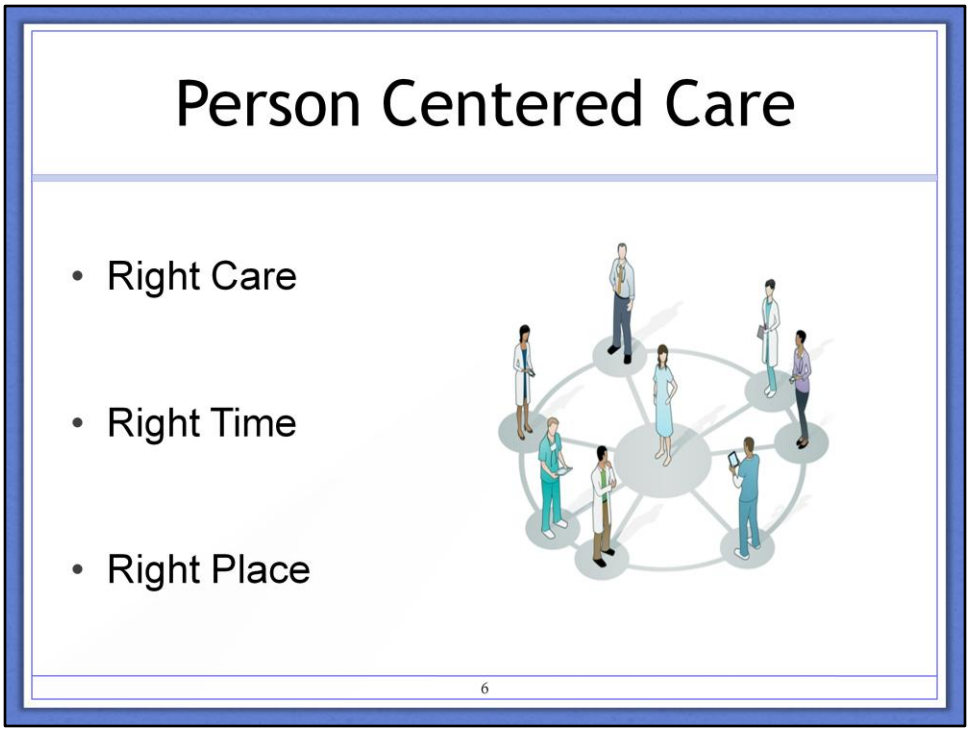


Medicare and Medi-Cal are two different government programs to provide health care. Medicare is for seniors and those under 65 with certain disabilities, such as end-stage renal disease (ESRD). Medi-Cal is for low-income Californians. There are some Californians who qualify for BOTH programs, called Medi-Medi or dual eligible beneficiaries. They receive complementary services from each program. Medicare primarily covers medical services and prescription drugs, and Medi-Cal wraps additional services around that: help with transportation, vision, dental, cost sharing, long-term care, and durable medical equipment (DME). Medi-Cal also covers long-term services and supports including in-home supportive services (IHSS), community-based adult services (CBAS), the Multipurpose Senior Services Program (MSSP) and nursing home care.



The health care system is very fragmented for those “Medi-Medis” or “duals” who receive both Medicare and Medi-Cal. The programs pay for different but complementary services, but there is no incentive in the current system to help coordinate that care or share information between a beneficiary’s provider. This can be a critical issue as many of these beneficiaries are our most vulnerable.

You know how much time your front office spends doing care management – reaching out to social services, mental health, Meals on Wheels, CBAS centers and other supports. Many dual eligibles have multiple and complex needs that go beyond the doctor's office – but they often struggle to navigate the fragmented system to get the services they need.



The goal of Cal MediConnect is to bring Medicare and Medi-Cal services together in one health plan, and to support beneficiaries with care coordination to ensure that they receive the right care and the right support services at the right time in the right place.

The Coordinated Care Initiative: Where

*Participation in Orange County pending readiness reviews.

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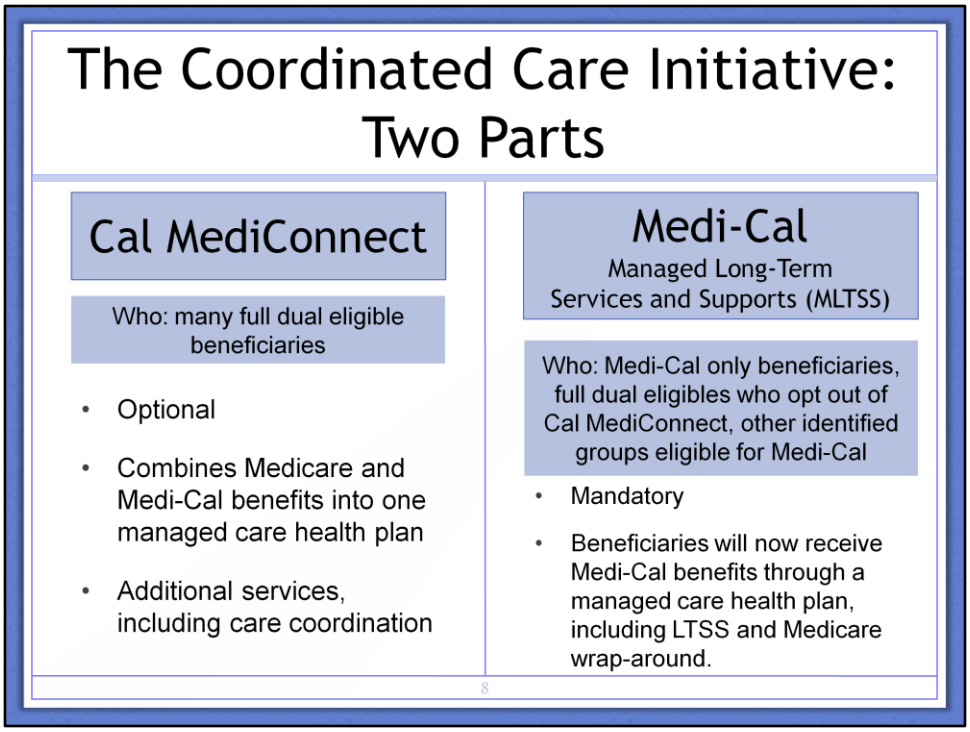
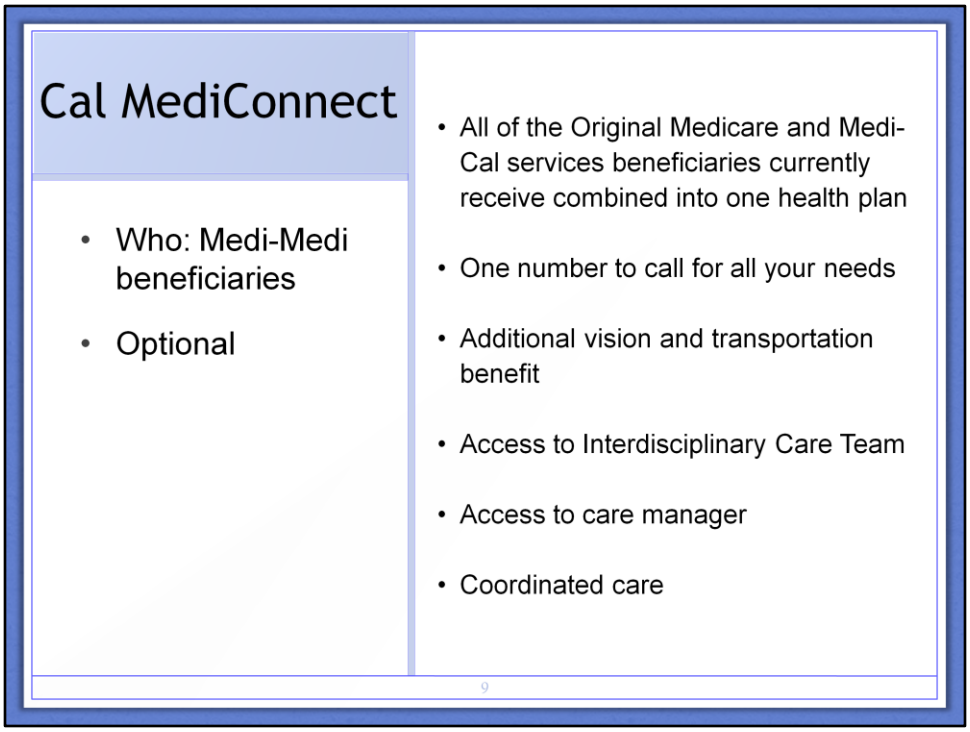
These changes, and this new program will be in 8 different counties



Many dual eligible beneficiaries in the eight counties will be eligible to enroll in a new program – Cal MediConnect. This program is optional, and beneficiaries will have a choice of plans that will combine their Medicare and Medi-Cal benefits and provide additional benefits and services, including care coordination.

Those who are not eligible for Cal MediConnect, or who opt out, will still have to choose a Medi-Cal managed care plan to receive their long-term services and supports. Their Medicare benefits will not change, whether they are in FFS or a Medicare Advantage plan.

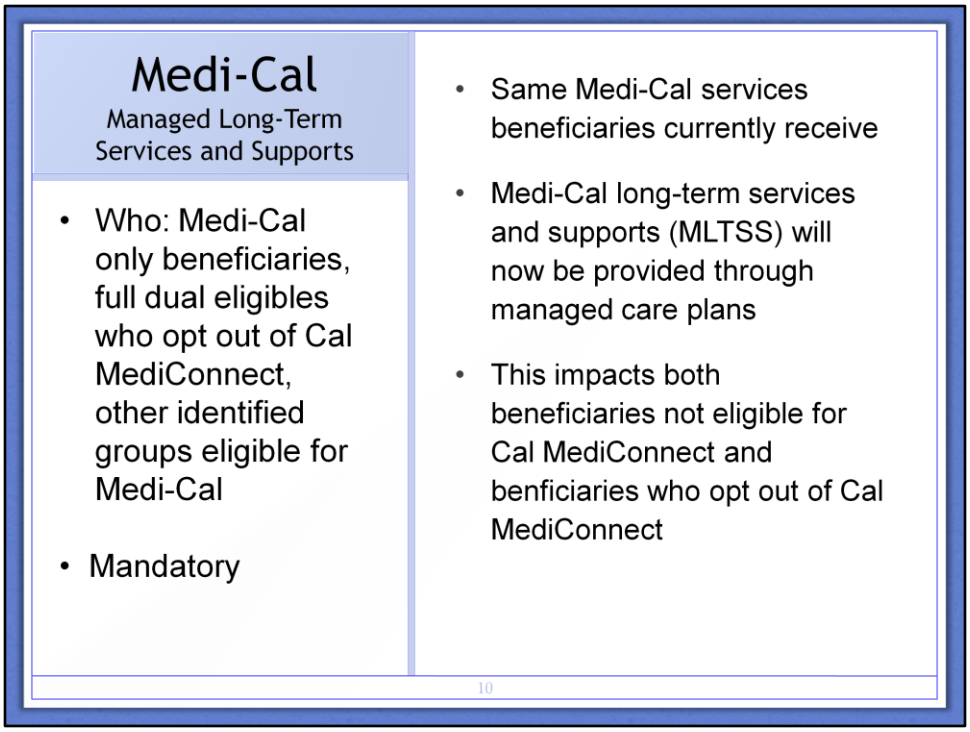


Cal MediConnect is a new program that will combine Medicare and Medi-Cal benefits into one managed care plan. This means that beneficiaries will have one number to call with questions – and providers will have one health plan to contact about an individuals varying needs from medical care to long term care. No more wondering if a service is Medi-Cal or Medicare.

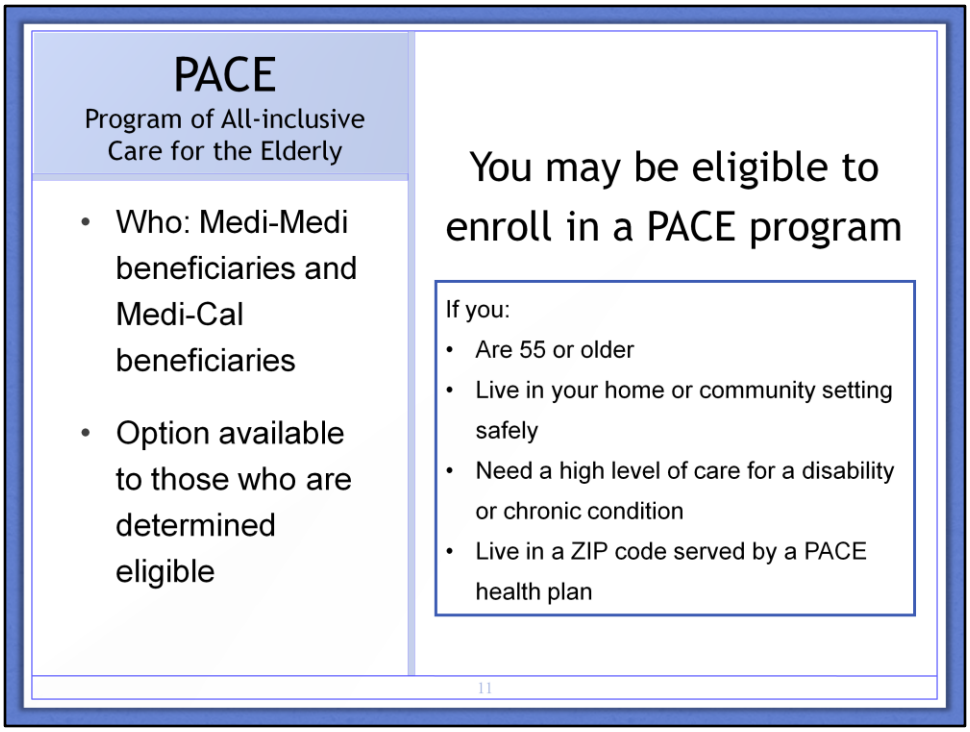
Cal MediConnect plans will offer additional benefits to beneficiaries. They'll have access to supplemental vision and transportation benefits. And the plan will provide additional care coordination support.

There are people who are not eligible for Cal MediConnect.

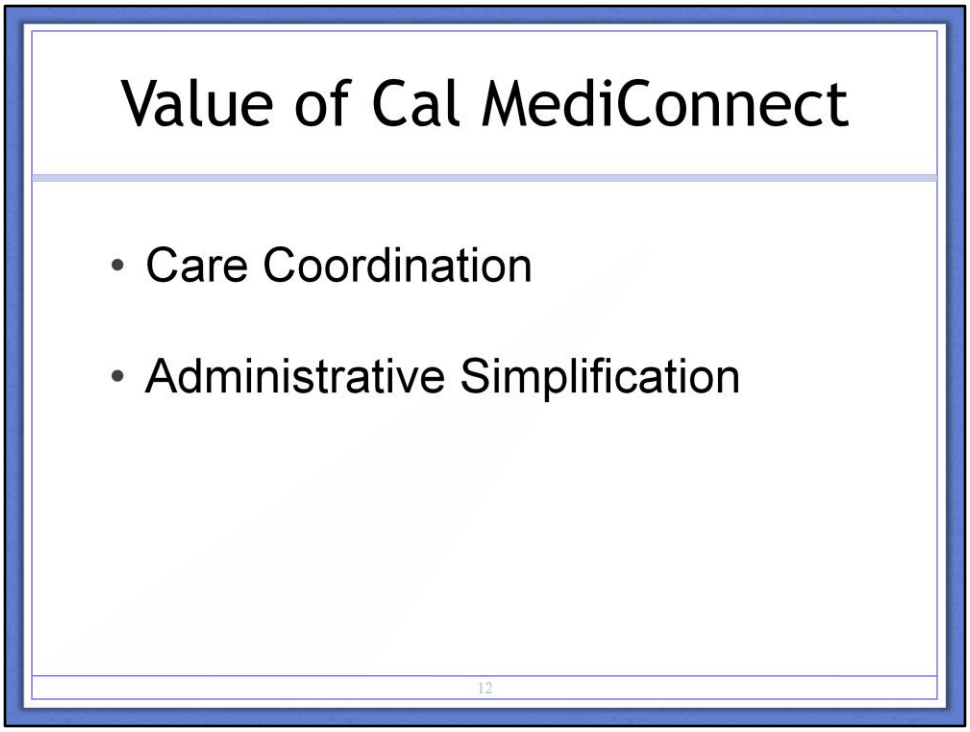
- Medi-Medi beneficiaries younger than 21.
- Medi-Medis with partial benefits or other health coverage.
- Home and Community Based Services waiver enrollees (except MSSP; all others must disenroll from those programs to be eligible for the Cal MediConnect; will not be passively enrolled).
- Medi-Medis with developmental



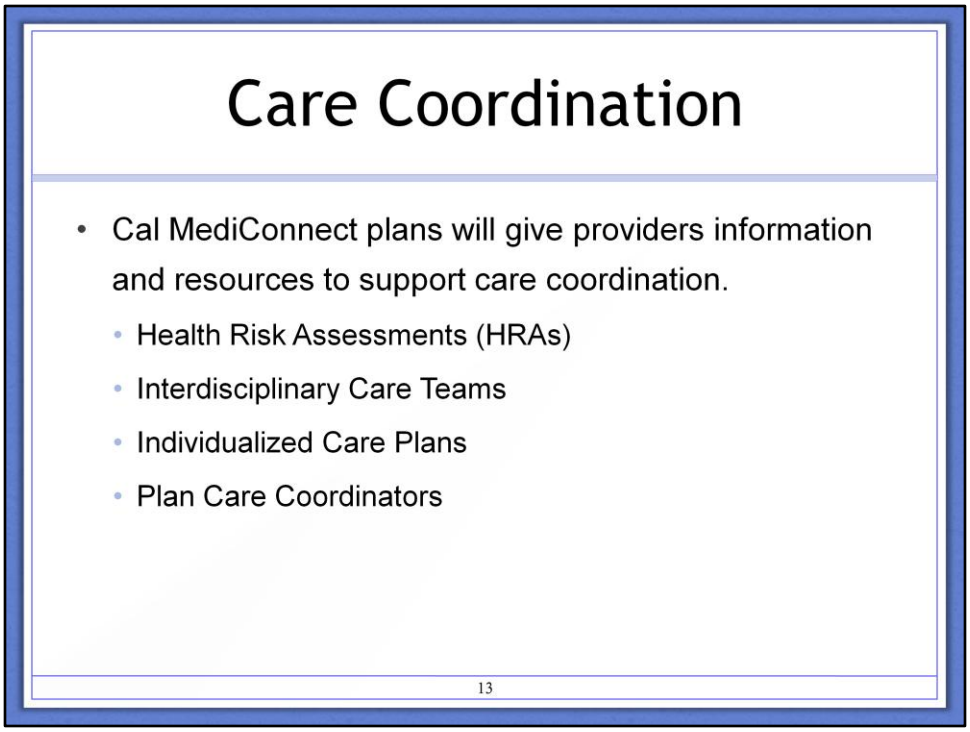
Beneficiaries who are not eligible for Cal MediConnect or who choose to opt out will still need to enroll in a Medi-Cal managed care plan Medi-Cal Beneficiaries will receive some supplemental vision benefits. Their Medicare benefits will remain the same, whether they are delivered through Medicare FFS or Medicare Advantage.



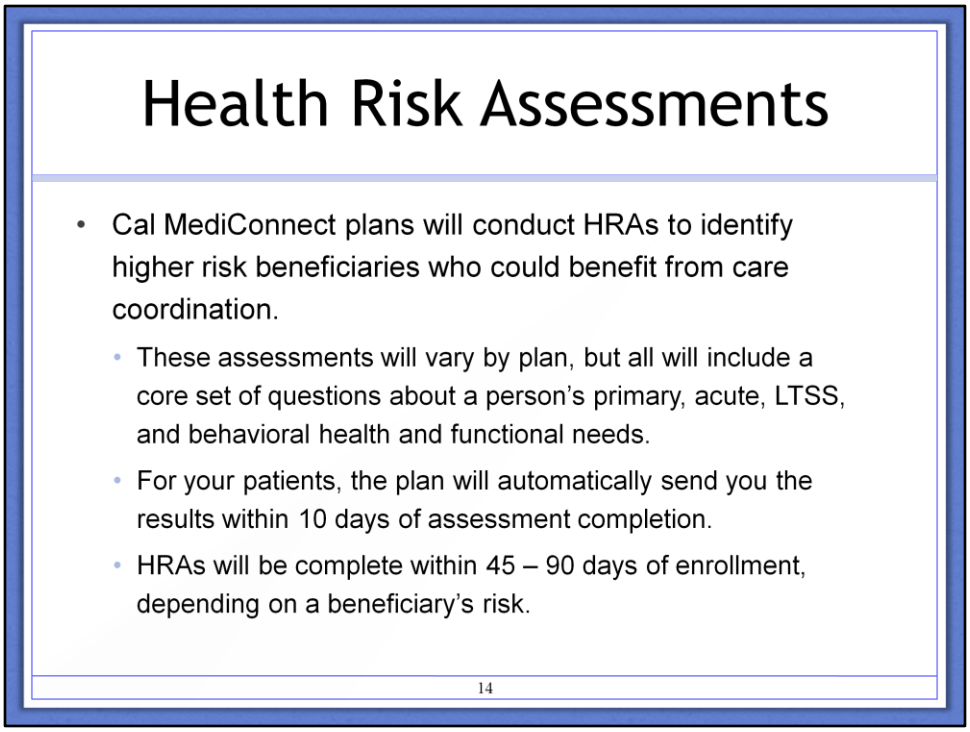
One option for those who do not want to go into Cal MediConnect is the PACE program. This is available only to some Medi-Medi beneficiaries. It is similar to Cal MediConnect in that it combines Medicare and Medi-Cal services to help provide care coordination to beneficiaries, but it has more restrictions than Cal MediConnect.



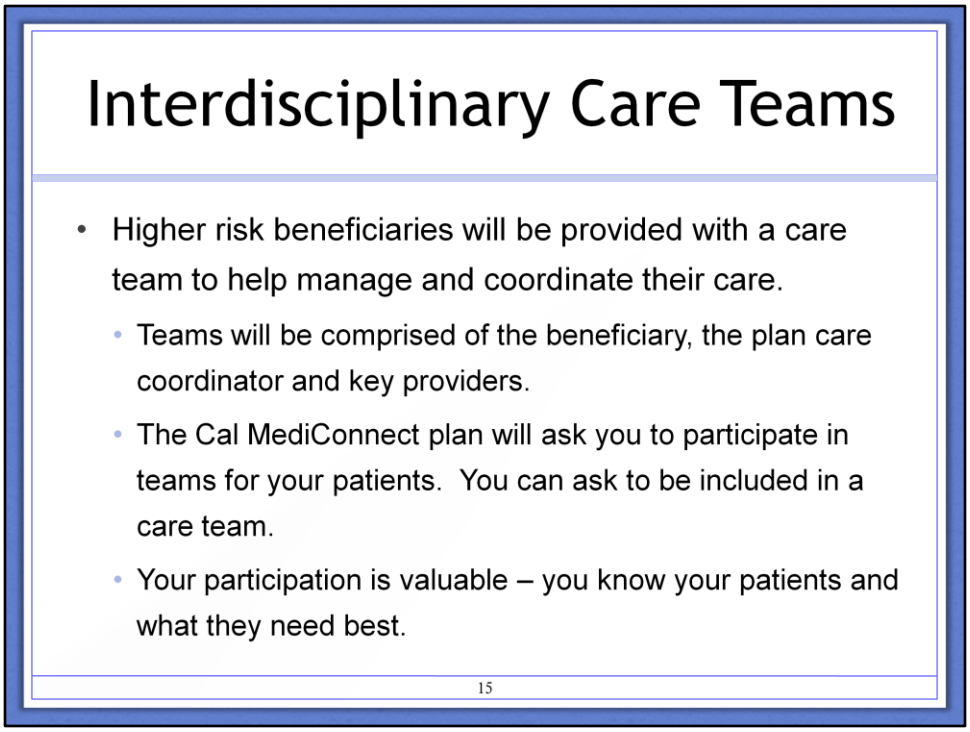
Today's presentation will largely focus on Cal MediConnect, as it will entail larger changes for providers than MLTSS.



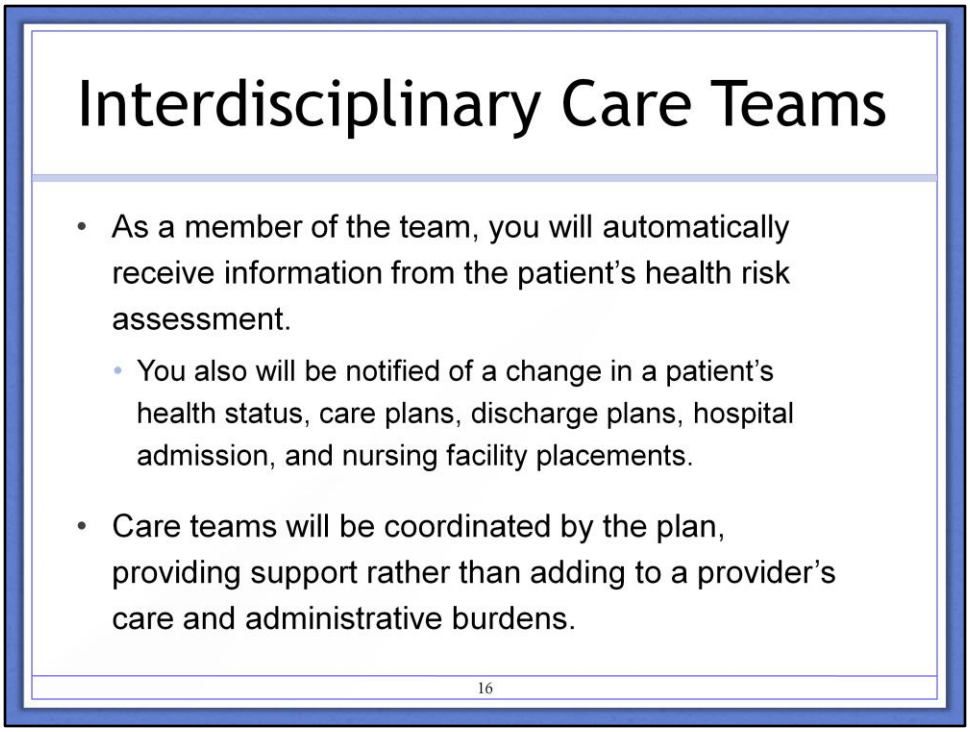
In Cal MediConnect, beneficiaries and their providers will have access to a number of care coordination tools.



In Cal MediConnect, beneficiaries and their providers will have access to a number of care coordination tools. First, health plans will conduct risk assessments of enrollees to identify higher or lower risk beneficiaries and determine who might benefit from more care coordination services. The results of this assessment will be available to give providers a more comprehensive understanding of the beneficiary's needs and providers can request a reassessment.



Higher risk enrollees will be asked if they would like to form an interdisciplinary care team, which will include their primary care provider, the health plan care coordinator and other providers at the enrollee's discretion. Enrollees with very difficult cases will have care teams even if they don't want them to provide support to their providers. Enrollees have the right to request a care team ICTs will help providers get the information they need to care for beneficiaries.



Every plan will structure how they work with providers differently. How this will happen will be included in your contract with the plan.

Together, the ICT will develop an individualized care plan for beneficiaries that will outline all the different types of care and services they need, facilitating transitions between types of care as well as referrals for services. This plan can include care plan option services – services that are beyond existing Medi-Cal services but that will help beneficiaries stay in their homes and communities.

Plan Care Coordinator

- The plan care coordinator helps facilitate communication among the beneficiary's continuum of providers, including:
  - Medical
  - LTSS
  - Behavioral Health
- Communication processes will be developed jointly between the plan and providers.

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Care Coordination: Example

Patient X recently had a stroke and is back living at home.

Before Cal MediConnect, the patient would have to navigate Medicare, Medi-Cal and county agencies to get needed social services – often relying on their doctor's office staff for help.

Under Cal MediConnect, a plan care coordinator will ensure the patient has:

- Transportation to appointments
- Coverage for prescriptions
- Meals on Wheels
- Other support for activities of daily living

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Administrative Simplification

- **Under Cal MediConnect,** you will have one point of contact – the health plan – for all benefit questions and claims.
- **Under MLTSS,** Medicare services will still need to be billed to Medicare, Medi-Cal services will need to be billed to the MLTSS managed care plan. And services covered by both programs will be billed with Medicare as primary and Medi-Cal as secondary payer.

Participating in Cal MediConnect

- How Providers Will be Paid
- Contracting with Plans
- Continuity of Care

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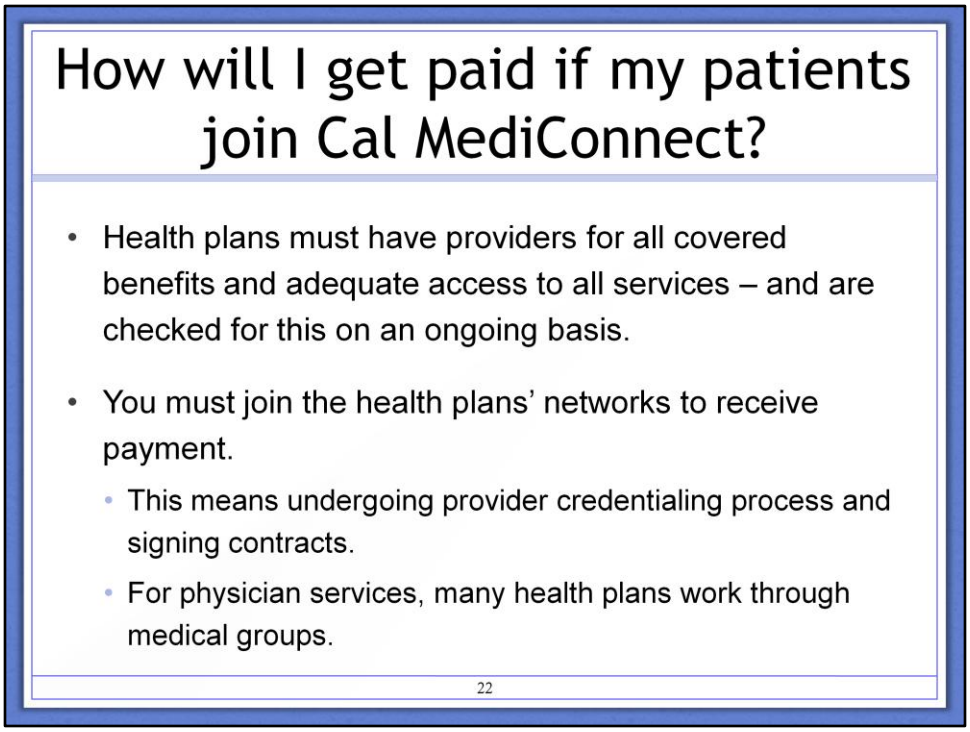

Providers will have to contract with Cal MediConnect plans to participate.

How will I get paid if my patients are in FFS Medicare and MLTSS?

- The Medi-Cal managed care plan is responsible for adjudicating the Medi-Cal portion of services and responsible to pay in the same manner that Medi-Cal fee-for-service has paid in the past.
- Medicare will remain the primary payer and the Medi-Cal managed care plan is the secondary payer.

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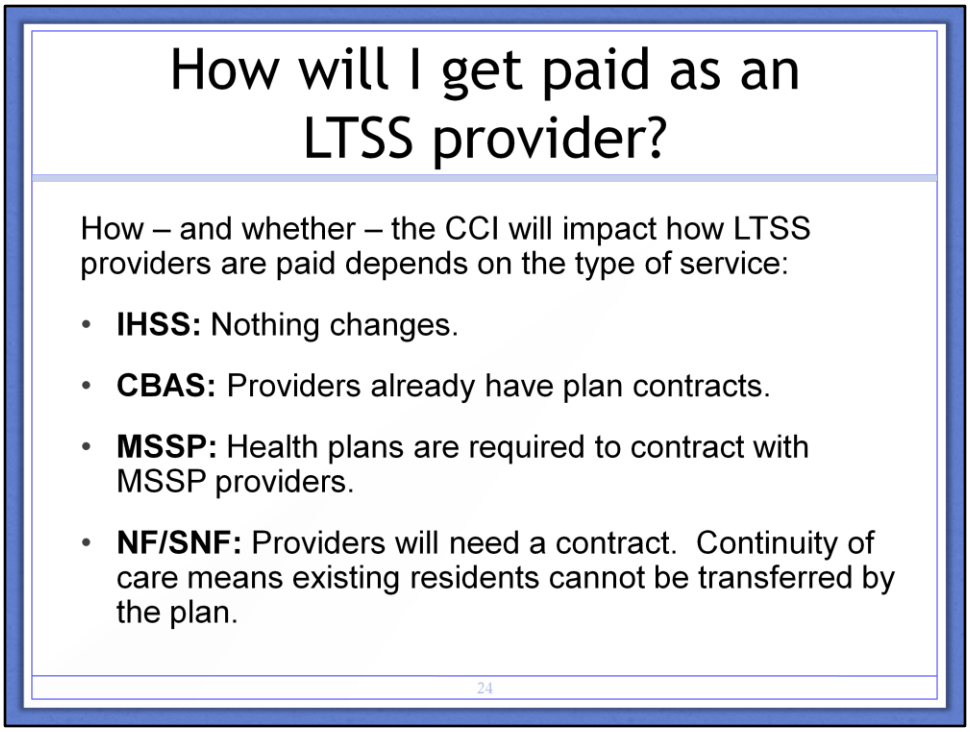


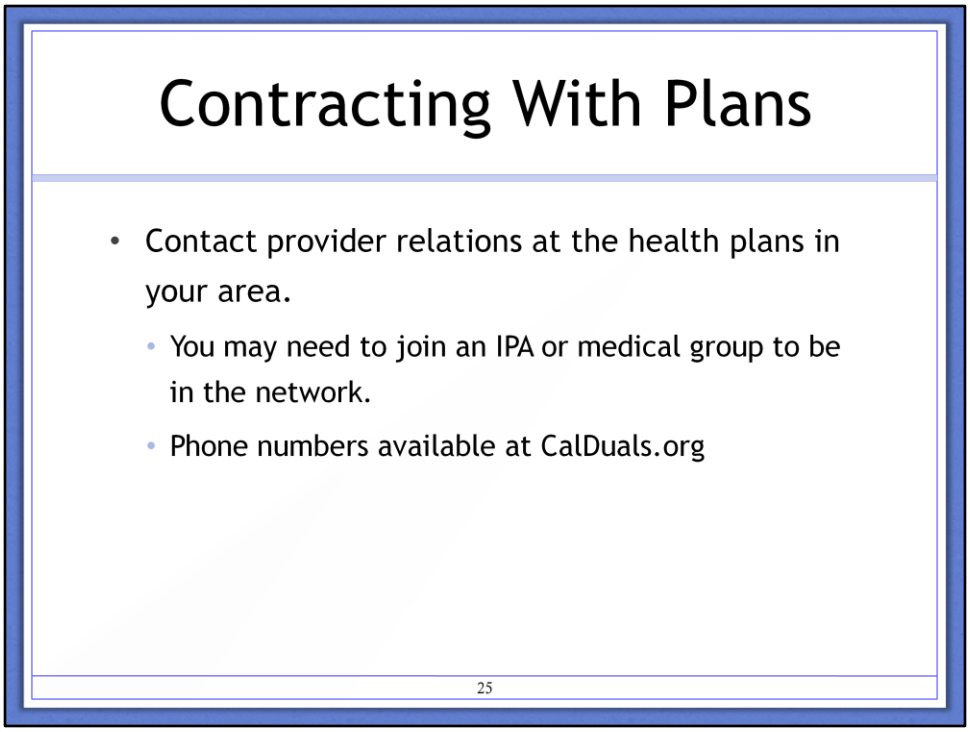
How payment processes will change for long-term supports and services (LTSS) providers will vary by the type of provider.

IHSS – in-home supports and services: Nothing changes. Beneficiaries still have the right to hire, fire and manage their providers. The county still pays.

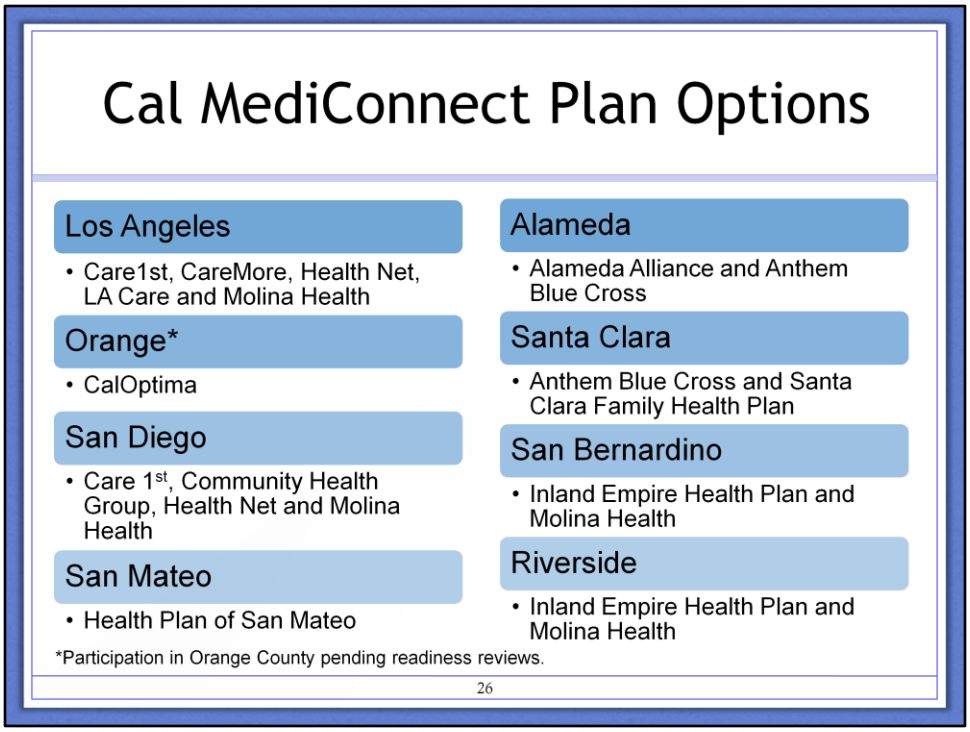
CBAS – community-based adult services: Already in Medi-Cal managed care.

MSSP – multipurpose services and supports program: Health plans are required to contract with all MSSP programs. If you are an MSSP provider, the plan has likely already reached out to you to include you in their network.

NF/SNF – nursing facility/skilled nursing facility: Existing residents cannot be transferred by the plan unless there are serious quality issues.



To join the Cal MediConnect or MLTSS plan networks, you will need to contact provider relations at the health plans in your county. That contact information is available in the providers section of CalDuals.org.



The health plan options in each county are different. Beneficiaries will receive information about each plan, including their provider networks, 60 days before enrollment. The state will identify the plan that includes the providers beneficiaries currently are seeing.

Continuity of Care for Physicians

- If your beneficiary enrolls in a Cal MediConnect or Medi-Cal managed care health plan and you are not part of the network, your beneficiary has a right to see you for up to six months for Medicare services and 12 months for Medi-Cal services – if you and the plan reach agreeable terms.

  - **Continuity of Care**
    - Medicare services – up to 6 months
    - Medi-Cal services – up to 12 months

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Continuity of Care, Cont'd

- Payment terms under continuity of care will be equivalent to the Medicare and Medi-Cal fee schedule or the plan's fee schedule – whichever is higher.
- You must also show an existing relationship with the beneficiary, having seen them twice in the 12 months prior to enrollment.
- Note: This does not apply to providers of ancillary services like durable medical equipment (DME) or transportation.

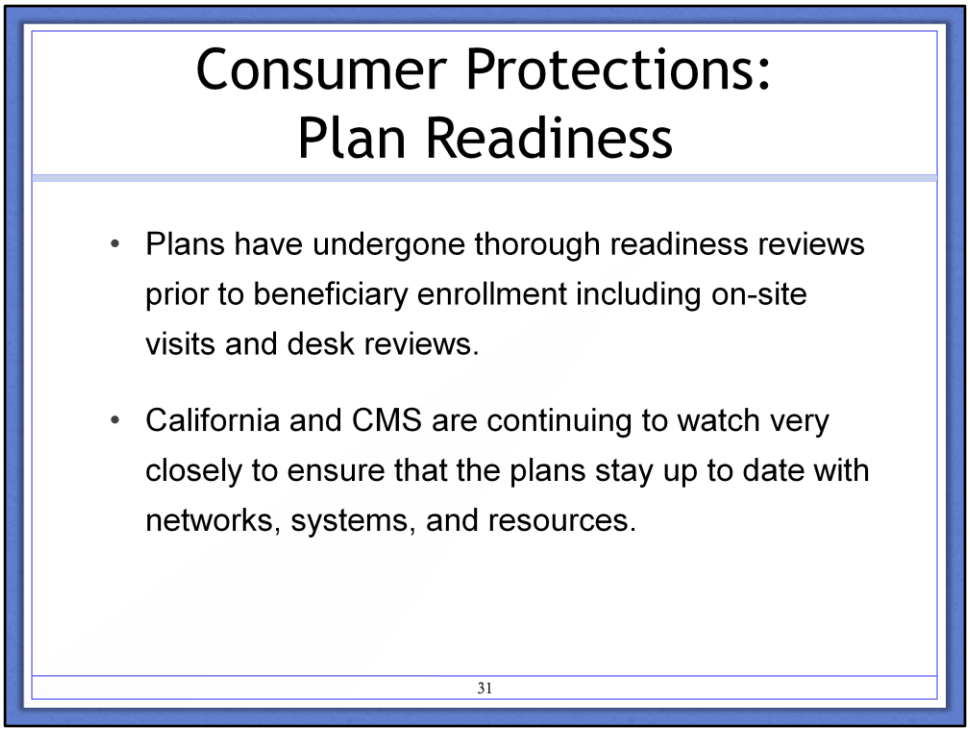
Continuity of Care for LTSS Providers

- In Cal MediConnect, beneficiaries have the right to stay in their current nursing home, unless it is excluded from the plan's network for quality or other concerns. Also, they can ask their health plan about getting help to return to the community.
- In Cal MediConnect and MLTSS, beneficiaries keep their existing LTSS providers – IHSS, CBAS and MSSP.
  - Beneficiaries with IHSS providers still have the right to hire, fire and manage their providers.

Consumer Protections

The law establishing the CCI contains many protections, including:

- **Meaningful information of Beneficiary Rights and Choices**
  - Notices sent 90, 60, and 30 days prior to enrollment.
- **Self-Directed Care**
  - People will have the choice to self-direct their care, including being able to hire, fire, and manage their IHSS workers.
- **Appeal & Grievances**
  - People will receive full Medicare and Medi-Cal appeals and grievances. There will be a special Ombudsman program for Cal MediConnect.
- **Strong Oversight & Monitoring**
  - Evaluation coordinated with DHCS and CMS.
- **Continuity of Care**
  - People can continue to see their Medi-Cal providers for 12 months and their Medicare providers for six months.



Ensuring a smooth transition during CCI implementation is critical given that the beneficiaries impacted are some of the most vulnerable.

Consumer Protections: Who To Call for Beneficiaries

- If a beneficiary has a complaint, the first point of contact is be the plan. Plans will have internal appeals and grievance procedures.
- If a beneficiary cannot resolve their complaint with the plan, there are several options:

Cal MediConnect Ombudsman Program (Starting April 2014)	(855) 501-3077
Medi-Cal Managed Care Ombudsman	(888) 452-8609
Office of the Patient Advocate	(866) 466-8900

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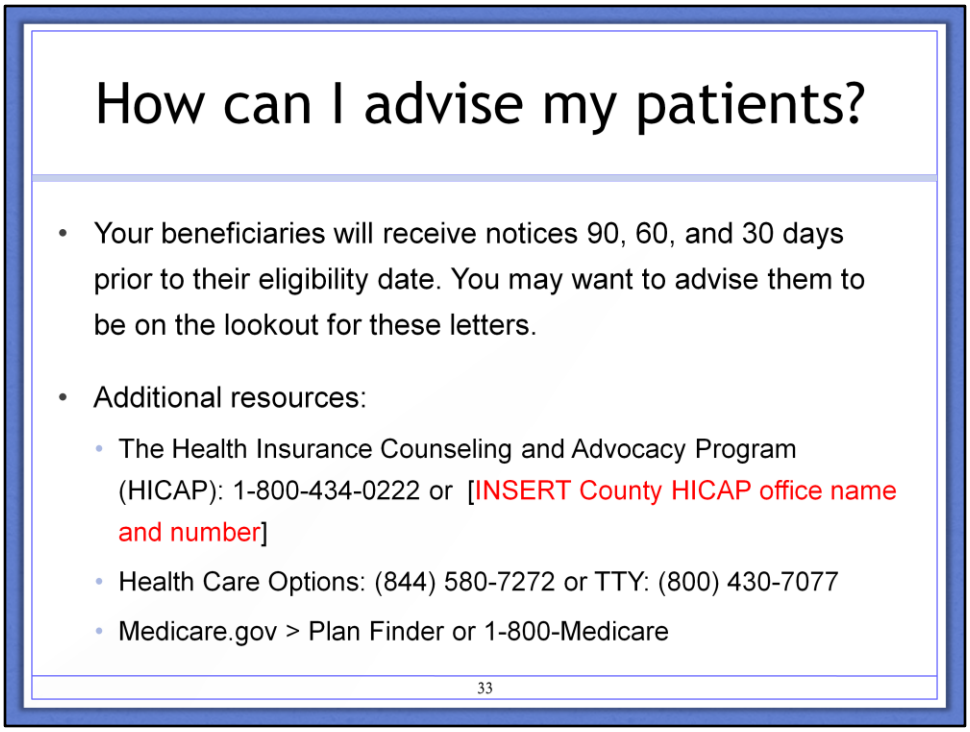

There are county-specific fact sheets that will be posting to Cal Duals with phone numbers for plans and HICAPs in each area.

Summary – CCI & Providers

- CCI is designed to help patients get the care and support services they need.
- Cal MediConnect can offer providers additional support and resources, including care coordination and administrative simplification.
- Strong consumer protections, including continuity of care.
- Contact plans in your county to find out how to participate.

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Questions or Comments

- Visit CalDuals.org
- Email info@calduals.org
- Twitter @CalDuals
- Contact your local HICAP

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