Coordinated Care Initiative (CCI): An Update Two Years Into Implementation

Amber Cutler, Senior Staff Attorney

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Justice in Aging is a national non-profit organization that fights senior poverty through law. We secure health and economic security for older adults of limited income and resources by preserving their access to the courts, advocating for laws that protect their rights, and training advocates around the country to serve the growing number of older Americans living in poverty.

Visit us at - justiceinaging.org
Today’s Discussion

Overview of CCI

Enrollment

Policy Changes

What’s Next
CCI = three big changes

<table>
<thead>
<tr>
<th>CCI Change</th>
<th>Description</th>
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<tbody>
<tr>
<td>Mandatory Medi-Cal Managed Care</td>
<td>Duals and previously excluded SPDs must enroll in Managed Care for Medi-Cal</td>
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<tr>
<td>LTSS Integration</td>
<td>LTSS added to Managed Care plan benefit package</td>
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<tr>
<td>Medicare Integration (Cal MediConnect)</td>
<td>For duals, integration of Medicare and Medi-Cal benefits into one managed care plan.</td>
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SPD

Dual Eligible

Dual Eligible

Dual Eligible

Dual Eligible

Medi-Cal Plan + LTSS

Medi-Cal Plan + LTSS

Medi-Cal Plan + LTSS

Cal MediConnect (Medicare + Medi-Cal +LTSS)

Original Medicare

Medicare Advantage or D-SNP

PACE
## When and Where

<table>
<thead>
<tr>
<th>County</th>
<th>Passive Start and End Date</th>
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<tbody>
<tr>
<td>Alameda</td>
<td></td>
</tr>
<tr>
<td>Los Angeles</td>
<td>July 2014 – June 2015</td>
</tr>
<tr>
<td>Orange</td>
<td>August 2015 – July 2016</td>
</tr>
<tr>
<td>Riverside</td>
<td>May 2014 – March 2015</td>
</tr>
<tr>
<td>San Bernardino</td>
<td>May 2014 – March 2015</td>
</tr>
<tr>
<td>San Diego</td>
<td>May 2014 – March 2015</td>
</tr>
<tr>
<td>San Mateo</td>
<td>April 2014</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>January 2015 – December 2015</td>
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Cal MediConnect Enrollment

Total: 125,257

- Los Angeles
- Orange
- Riverside
- San Bernardino
- San Diego
- San Mateo
- Santa Clara

As of January 1, 2016

Cal MediConnect Opt-Out Rates

- Los Angeles: 56%
- Orange: 45%
- Riverside: 36%
- San Bernardino: 37%
- San Diego: 40%
- San Mateo: 10%
- Santa Clara: 40%
The Administration proposes to continue to implement the CCI in 2016. Over the course of the next year, the Administration will seek ways to improve participation in the program and extend an allowable managed care organization tax. If the tax is not extended and participation is not improved by January 2017, the CCI would cease operating effective January 2018.

http://www.ebudget.ca.gov/FullBudgetSummary.pdf pp.61-63
Evaluations

SCAN Rapid Cycle Polling

- Polling of CMC enrollees, opt-outs, and non-CCI counties
- Findings from two polling periods (10/27 & 12/17)
- Majority satisfied with CMC enrollment – satisfaction rates similar to those who remain in FFS
- CMC enrollees report less satisfaction with doctor and hospital choice
- Similar access problems reported in CMC and FFS (e.g. referrals, transportation, language, etc.)
- Reasons for opt-outs: happy with current health care coverage (86%) and not wanting to lose doctor (70%)

http://www.thescanfoundation.org/sites/default/files/field_research_medicare_medical_polling_results_2_12-7-15.pdf
Evaluations

UCSF/UC Berkeley

- 3 year evaluation
- Beneficiary focus groups, stakeholder interviews, telephone surveys
- CMC enrollees’ overall satisfaction 7.8 out of 10
- Most satisfied with care coordinators, one phone number, member services
- Dissatisfied with noticing, referral process/delays in care, having to change doctors, prescription and DME access, passive enrollment
- Many still unaware of care coordinators

Evaluations

GAO Report on Care Coordination

- Evaluates duals demos in five states including CA
- Focused on care coordinators, HRAs, ICPs, and ICTs
- Similar challenges: locating beneficiaries, engagement of beneficiaries and providers, communication with beneficiaries.
- Report recommended adopting core data measures for ICTs and to adopt consistent measures for ICPs to determine extent of care coordination taking place.

Evaluations

RTI/CMS Evaluation

- Major federal evaluation of demos – first report
- Qualitative and quantitative data across seven demo states
- Focuses on five key components: 1. integration; 2. enrollment; 3. care coordination; 4. beneficiary safeguards; 5. stakeholder involvement
- Substantive report with many early findings and lessons

Policy Changes

- **Continuity of Care**
  - Expanded who can request
  - 30 day retroactive
  - Required faster determinations from plans

- **Enrollment Assistant**
  - Created process for an enrollment assistant to help beneficiaries make enrollment decisions

- **Deeming**
  - Plans allow members to remain enrolled in Cal MediConnect plan for 1-2 months to fix Medi-Cal eligibility

- **Nursing Facility Decertification**
  - Final APL to guide plans on how to transition residents from facilities that lose Medicare/Medi-Cal certification
Duals Who Opted Out or Disenrolled

- Receive Medicare either through FFS or another Medicare product
- Medi-Cal plan responsible for cost sharing and Medi-Cal covered services
- Medi-Cal plan responsible for coordination of LTSS
- Experiencing some issues accessing Medi-Cal covered services (e.g. transportation)
- Medicare provider confusion – balance billing

Resources
Provider Toolkit on [www.calduals.org](http://www.calduals.org)
Moving Forward...What’s Next

- Ongoing passive enrollment in Orange County
- Active Enrollment
- LTSS provision, improved coordination
- CMC Evaluation
- LTSS Evaluation
• Justice in Aging Duals Website
  – Advocate’s Guide
  – News
  – Sign up for alerts
  http://dualsdemoadvocacy.org/california

• Contact us:
  – Denny Chan – dchan@justiceinaging.org
  – Amber Cutler – acutler@justiceinaging.org

• Department of Health Care Services
  – www.calduals.org

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