



## What Providers Need to Know About the Coordinated Care Initiative

July 2013

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### Medicare vs Medi-Cal: Who Pays For What Service

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|---|---|
| <p style="text-align: center;"><b>MEDICARE</b></p> <ul style="list-style-type: none"> <li>• People 65 or older</li> <li>• People under 65 with certain disabilities</li> <li>• ESRD &amp; ALS</li> </ul>  | <p style="text-align: center;"><b>MEDICAID (Medi-Cal)</b></p> <ul style="list-style-type: none"> <li>• Low-income Californians</li> </ul>   |
| Which program pays for what service?  |   |
| <ul style="list-style-type: none"> <li>• Hospital Care</li> <li>• Physician &amp; ancillary services</li> <li>• Short-term skilled nursing facility care</li> <li>• Hospice</li> <li>• Home health care</li> <li>• Prescription drugs</li> <li>• Durable medical equipment</li> </ul> | <ul style="list-style-type: none"> <li>• Medicare cost sharing</li> <li>• Long-term nursing home (after Medicare benefits are exhausted)</li> <li>• Long-term services and supports (LTSS) (including CBAS, MSSP, IHSS, HCBS waivers)</li> <li>• Prescriptions and durable medical equipment, and supplies not covered by Medicare</li> </ul> |

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### Problems with the Current Delivery System

- Programs in Silos
  - *who pays for what?*
- Fundamentally: A Lack of Coordinated Care
  - *a lack of support for doctors and patients*



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### The Necessity of Coordinated Care

- Some people with multiple chronic conditions see an average of 14 different doctors and fill 50 prescriptions a year.
- This is common among people with both Medicare and Medicaid, referred to as "dual eligibles" or Medi-Medis here in California, who often are sicker and poorer than other beneficiaries.
- Today's care delivery system doesn't always support the care coordination many people need. This leads to increased risk of admission to the hospital or nursing home.

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### Two Patients, Two Experiences: Fee-for Service Medicare & Medi-Cal

- Dolores leaves the hospital. She goes home, but forgets to fill one of her medications, and is nauseous from another and doesn't eat enough. She gets dizzy and falls, landing back in the hospital with a broken ankle. Her primary care physician doesn't know where she is during this time, and can't get in touch with her daughter who is out-of-state and might have more information. When Dolores is discharged from the hospital, her primary care physician helps straighten out her medications, but she has trouble getting to the physical therapy she needs for her ankle. Dolores can't afford the taxi and the bus takes three hours. Several months pass, and she falls again because of her weakened ankle while suffering from the flu, this time breaking her hip. She quickly declines in the hospital and ends up passing.

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### Two Patients, Two Experiences: Coordinated Care

- Eleanor leaves the hospital. She goes home, but forgets to fill one of her medications, and is nauseous from another and doesn't eat enough. She gets a phone call from her care manager about the prescription and gets it filled. Her care manager is concerned about her eating, and arranges for Meals on Wheels to begin coming to her house. Her primary care physician uses the information shared by the health plan to ask Eleanor about her eating habits and make sure all her medications are straightened out. Eleanor trips over a rug one afternoon and breaks her ankle. Once she is home, her care team reaches out to ensure that she can get to her physical therapy appointments. Arrangements are made for non-emergency medical transportation on certain days. Eleanor's ankle heals.

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**IMPORTANT:**  
2 main parts of the Coordinated Care Initiative (CCI)

  
**MLTSS**

**Cal  
Medi  
Connect**

**CCI**

**Medi-Cal Managed Long-Term Services and Supports (MLTSS)**

**What:** Mandatory enrollment into a Medi-Cal health plan for all Medi-Cal beneficiaries, including LTSS and Medicare wrap-around benefits.

**Who:** Nearly all Medi-Cal beneficiaries, including dual eligibles. *You must pick a plan.*

**Cal MediConnect (duals demonstration)**

**What:** Optional enrollment into three-year demonstration program for coordinated Medicare and Medi-Cal benefits through a single organized delivery system.

**Who:** About 456,000 full benefit dual eligible

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**Coordinated Care Initiative Goals**

- **Improve health and quality of life.** Help people get the right care at the right time and place.
- **Keep people at home longer.** Help people stay where they want to be – in their homes and communities.
- **Make it simpler.** Give people one health plan, one membership card, and one number to call for all Medicare and Medi-Cal services.
- **Align payment around needs.** Streamline how the financing works so that payment for care centers around the person's needs.

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**People Eligible for Cal MediConnect**

- 456,000 full-benefit dual eligibles in the eight selected counties
- 71% are age 65 and older.
  - People age 85 and older comprise 17% of this group.
  - The majority are women.

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### People Not Eligible for Cal MediConnect

- There are people who are not eligible for the demonstration.
- Exclusions:
  - Dual eligibles younger than 21.
  - Duals with partial benefits or other health coverage.
  - Home and Community Based Services waiver enrollees (except MSSP).
  - Duals with developmental disabilities.
  - Duals with end-stage renal disease (exception for San Mateo & Orange).
  - PACE and AIDS Health Care Foundation enrollees (who must disenroll from those programs to be eligible for the Cal MediConnect; will not be passively enrolled).

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### Health Plan Choices

- **Cal MediConnect Plans**
  - Cover both your Medicare and Medi-Cal benefits together in one health plan. You have one card for all your benefits.
- **Program for All-Inclusive Care for the Elderly (PACE) Plans**
  - Cover Medicare and Medi-Cal benefits together for people age 55 and older who need a higher level of care to live at home.
- **Medi-Cal Plans**
  - Cover only Medi-Cal benefits, such as long term services and supports, medical equipment and transportation. **Medicare benefits stay separate.**

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### Coordinated Care Counties & Health Plans

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|----------------|--|
| Los Angeles    | • Health Net and LA Care                               |
| Orange         | • CalOptima  |
| San Diego      | • Molina, Care 1st, Community Health Group, Health Net |
| San Mateo      | • Health Plan of San Mateo                             |
| Alameda        | • Alameda Alliance & Anthem Blue Cross                 |
| Santa Clara    | • Santa Clara Family Health Plan & Anthem Blue Cross   |
| San Bernardino | • Inland Empire Health Plan & Molina                   |
| Riverside      | • Inland Empire Health Plan & Molina                   |



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### Cal MediConnect: One Person, One Plan, All Benefits

A new opportunity to coordinate care:

- Medical care (Medicare A, B & D services)
- Integrated long-term services and supports (LTSS):
  - In-Home Supportive Services (IHSS)
  - Community Based Adult Services (CBAS)
  - Multipurpose Senior Services Program (MSSP)
  - Nursing home care
- Coordination between county mental health and substance use programs

All Cal MediConnect plans will include a vision and non-emergency transportation benefit.

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### Why I Will Choose a Cal MediConnect Plan: Jim



“I like getting all my care from one Plan. It’s why I chose Cal MediConnect. My Plan manages both my Medicare and my Medi-Cal services. My doctors, hospital, long-term care are all in the same Plan. I call just one phone number for help.”

WHO CAN JOIN?

Most people with full Medicare and Medi-Cal benefits can join. “Full benefits” means your Medicare card says “Entitled to Hospital (Part A) and Medical (Part B)” and you have a Medi-Cal card.

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### Why I Will Choose a PACE Plan: Barbara



“I joined a PACE plan because it helps me get all the care and services I need. I go to the PACE center to see my doctors, get my therapies, and enjoy activities and lunch with other seniors. I also can get services at home and rides to all my medical appointments.”

WHO CAN JOIN?

To join PACE, **all** of these things must be true:

- You’re 55 or older
- You can live in your home or community setting safely
- You need a high level of care for a disability or chronic condition
- You live in a ZIP code served by a PACE health plan

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**IMPORTANT:**  
Remember - 2 main parts of  
the Coordinated Care Initiative (CCI)

  
**MLTSS**

Cal  
 Medi  
 Connect

**CCI**

- People **can only opt out of Cal MediConnect** for their Medicare services.
- They **will still have to pick a health plan for their Medi-Cal services (MLTSS)**.
- People can opt out of Cal MediConnect at any time. If they choose to do that, they would use their Medicare card to see their doctors, hospitals, pharmacists, etc. And their Medi-Cal plan pays any cost-sharing that state would have paid. [www.CalDuals.org](http://www.CalDuals.org)

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### Why I Will Choose a Medi-Cal Plan: Mary



"I knew we had to pick a Medi-Cal plan. I was also eligible for Cal MediConnect, but I wanted to keep my Medicare services like they are now. So I joined just a Medi-Cal health plan long term care services and supports. It's separate from Medicare. When I see my primary care doctor or need any Medicare services, I still use my Medicare card. The Medi-Cal plan pays my extra Medicare costs."

What if I don't join Cal MediConnect or PACE?

If you **don't join** a Cal MediConnect or PACE plan, you **have to join** a Medi-Cal Plan. If you ever do need long-term care services, the health plan can help you get the care you need. If you don't use these services now, your health care won't change.

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## When

**March 2013**

- The State and the Federal government signed a Memorandum of Understanding (MOU) outlining the framework of Cal MediConnect.

**Spring/Summer 2013:**

- State and Federal government are beginning to conduct a readiness review of the health plans.
- Three-way contracts between the health plans, CMS and California established.

**No earlier than January 2014: CCI starts**

- 12 month phase-in: Alameda, Santa Clara, San Bernardino, Riverside, San Diego, Orange
- Los Angeles: (enrollment strategy under development)
- San Mateo: All at once (first month of enrollment)

**Ongoing:**

- Beneficiary, organization and provider outreach and education.

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### A Note on Plan Readiness

- Both prime and subcontractors will have to undergo thorough readiness reviews before any beneficiary enrolls.
- This is ongoing right now and includes on-site visits and desk reviews and the state and CMS are watching very closely to ensure that the plans are up to date with networks, systems, and resources.

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### How

- Eligible people are enrolled into a Cal MediConnect plan --- unless they actively choose not to join and notify the state of this choice.
  - This is called passive enrollment.
- Plans are suggested for people based on historical claims data -- the state will look at which providers the person usually goes to and which providers are in the plan networks, and match it up.

**How does someone make a health plan choice or opt out?**

- A beneficiary can mail back a choice form they receive in the mail that says their preferred choice.
- A beneficiary can call Health Care Options and tell a customer service representative their choice.

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### How, continued

People will get notices describing their choices:

1. Join a Cal MediConnect health plan for integrated Medicare and Medi-Cal services.
2. Join a PACE plan for integrated Medicare and Medi-Cal services, if they're 55 or older and need a high level of care.
3. "Opt out" of Cal MediConnect, but choose a **mandatory** Medi-Cal health plan.

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### 3 Beneficiary Notices

**90 day mailing**

- An informational heads up that a change is coming.

**60 day mailing**

- A letter saying they will be enrolled in a Cal MediConnect plan unless they make a different choice - including which plan is the likely best match.
- A health plan guidebook, choice book, choice form, and provider directories

**30 day mailing**

- A confirmation letter of their choice of health plan or to opt out, or
- A reminder letter telling them they will be defaulted into a plan the next month.

**Reminder: How does someone make a health plan choice or opt out?**

- A beneficiary can mail back a choice form they receive in the mail that says their preferred choice.
- A beneficiary can call Health Care Options and tell a customer service representative their choice.

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### Consumer Protections

**The law establishing the CCI contains many protections for beneficiaries covering:**

- Meaningful Information of Beneficiary Rights and Choices**
  - Notices sent at least 90, 60 and 30 days prior to enrollment (coordinated with CMS).
- Continuity of Care**
  - People can continue to see their Medi-Cal providers for 12 months and Medicare doctors for six months.
- Self-Directed Care**
  - People will have the choice to self-direct their care, including being able to hire, fire, and manage their IHSS workers.
- Appeals & Grievances**
  - DHCS is working with CMS on a coordinated appeals process.
- Strong Oversight & Monitoring**
  - Evaluation Coordinated with DHCS and CMS.

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### Question:

#### How will I get paid if my patients join a Cal MediConnect health plan?

- Health plans must have provider networks for covered benefits that provide adequate access to all services – and are checked for this on an ongoing basis
- You must join the health plans' networks to receive payment for Cal MediConnect enrollees
  - This means undergoing provider credentialing process and signing contracts.
  - For physician services, most health plans work through medical groups.
  - For LTSS and HCBS, developing new relationships is key.

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**Question:**  
**How Do I Join a Network?**

- Contact provider relations at the health plans in your area.
  - You may need to join an IPA or medical group to be in the network.
  - Note that rates are still being discussed, but it's important to begin to have conversations with your local plans.



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**Question:**  
**How Can I Advise My Patients?**

- Your patients will receive notices when it is time for them to make a decision about their coverage. You may want to advise patients to be on the lookout for these letters.
- To enroll, your patients can contact Health Care Options at 1-800-430-4263.
- The Health Insurance Counseling and Advocacy Program (HICAP) provides enrollment and options counseling to Medicare beneficiaries.
  - HICAP: 1-800-434-0222

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**Question:**  
**How Does Continuity of Care Work?**

- If your patient enrolls in a Cal MediConnect health plan and you are not part of the network, your patient has a right to see you for up to six months for Medicare services - if you and the plan reach agreeable terms.
- Your patient can contact the plan and let them know that he or she wants to continue services with you as part of the continuity of care rights.
- You can also contact the health plan to raise this.

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**Question:**  
**How Does Continuity of Care Work?,  
continued**

- The health plan will then offer you terms – including payment that will be equivalent to Medicare fee-for-service – and you then decide if those terms work for you to continue seeing the patient.
- Note: This applies to doctors including specialists like cardiologists, ophamologists, and pulmonologists. It does not apply to providers of ancillary services like durable medical equipment (DME) or transportation.

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**Continuity of Care Rights**

| <b>Medicare Services</b>   | <b>Medi-Cal Services</b>  |
|--|---|
| <ul style="list-style-type: none"> <li>• Continue to receive services from out-of-network Medicare doctors for primary and specialty care services for up to six months</li> </ul> | <ul style="list-style-type: none"> <li>• Health plans will be required to provide access to out-of-network doctors and nursing homes for up to 12 months</li> </ul> |

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**REMEMBER:**  
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### Key Facts to Remember About the CCI

- People keep the Medicare and Medi-Cal benefits they have today -- and could get a vision and non-emergency transportation benefit.
- Care coordination will help people stay in their homes and stay out of the hospital and nursing home.
- People's needs and preferences will drive the care they get.
- Consumer self direction will be protected – Consumers can still hire, fire and manage their IHSS providers

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