CALIFORNIA'S COORDINATED CARE INITIATIVE

PRESENTATION TITLE

COORDINATOR NAME

OUTREACH COORDINATOR

HARBAGE CONSULTING

DATE

TODAY'S PRESENTATION

- Why coordinated care?
- An overview of Cal MediConnect
  - Plan benefits
  - Care coordination
  - Billing
  - Continuity of care
- An overview of Medi-Cal managed care plans
  - Plan benefits
  - Authorizations
  - Billing and payments
- An overview of PACE
- Resources for you and your patients

THE NEED FOR COORDINATED CARE (1 OF 2)

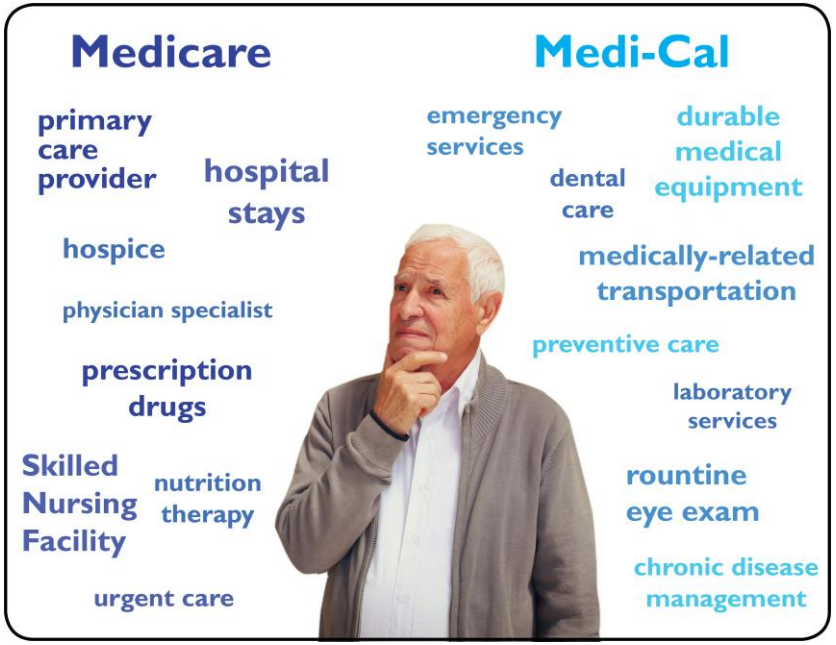
As a provider, you know that:

- Patients who are dually eligible for Medicare and Medi-Cal tend to have more chronic health conditions and need extra support, such as:
  - Transportation
  - In-home care and community support
  - Help coordinating appointments, prescriptions, providers, etc.
- Dual eligible patients have the burden of successfully navigating their care. Often times, this burden is passed on to you or your staff.

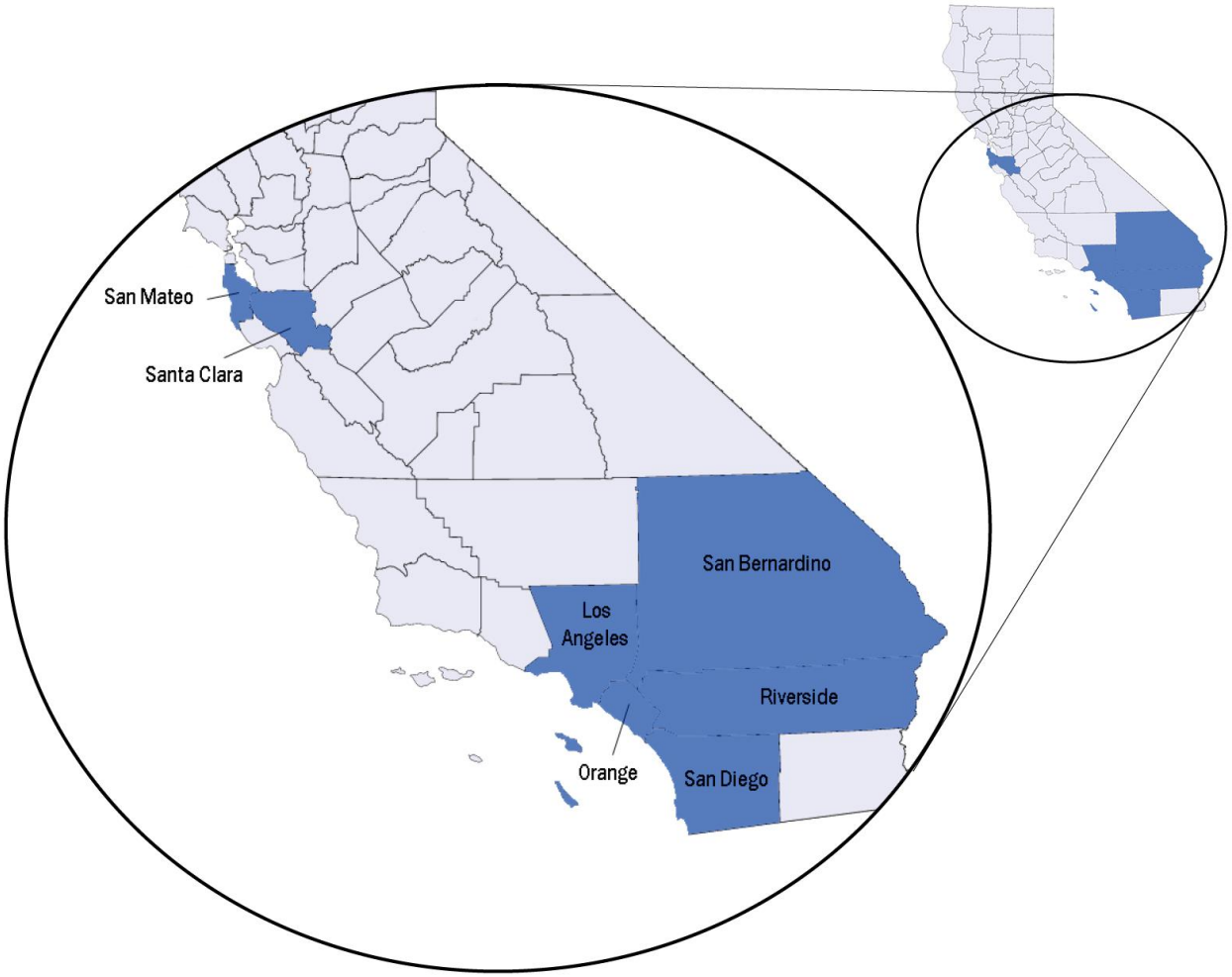
THE NEED FOR COORDINATED CARE (2 OF 2)

The two systems of coverage – Medicare and Medi-Cal – don't work well together.

- Patients are caught between these two siloed programs.
- Duals may be eligible for services they aren't accessing.
- You can get help connecting patients to these services.



ABOUT THE CCI

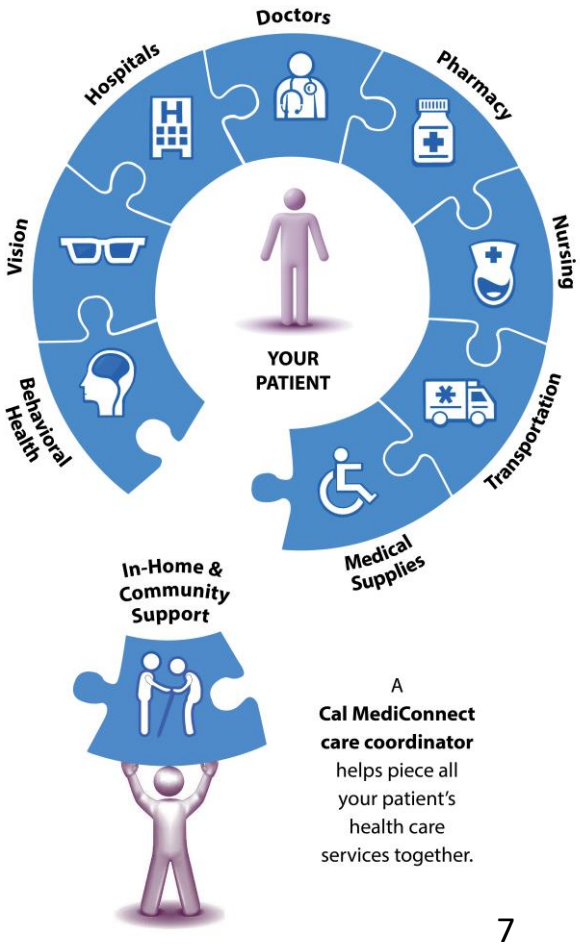


CalMediConnect

ALL MEDICARE AND MEDI-CAL BENEFITS IN ONE HEALTH PLAN

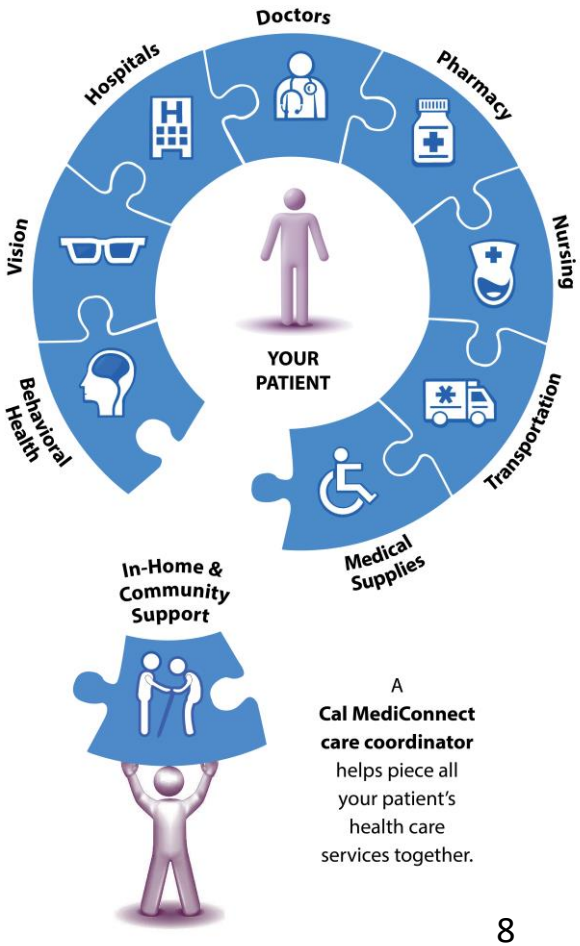
CAL MEDICONNECT (1 OF 2)

- Cal MediConnect health plans are a new option for dual eligible beneficiaries.
- All Medicare and Medi-Cal benefits are covered under a single health plan.
- The Cal MediConnect health plan is accountable for ensuring the beneficiary's health needs are met and coordinated along the full spectrum of care.



CAL MEDICONNECT (2 OF 2)

- Cal MediConnect health plans offer extra benefits such as care coordination, vision, and transportation.
- Cal MediConnect health plans are like Medicare Advantage plans, with Medi-Cal wraparound benefits, Long-Term Services and Supports, and prescription drug benefits covered as well.



LONG-TERM SERVICES AND SUPPORTS

These Medi-Cal benefits are now coordinated by the Cal MediConnect health plans:

- **In-Home Supportive Service (IHSS)**: state program to provide caregivers for homebound and limited-mobility individuals who need assistance with cooking, bathing, etc.
- **Community-Based Adult Services (CBAS)**: day services for older adults, or adults with disabilities.
- **Multipurpose Senior Service Programs (MSSP)**: social and health care management for seniors.
- **Nursing Facilities**: long-term care for people who cannot live independently at home – care that's primarily paid for by Medi-Cal.

CARE COORDINATION UNDER CAL MEDICONNECT

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

- Health Risk Assessments (HRAs)
  - Assess primary, acute, LTSS, behavioral health, and functional needs.
- Interdisciplinary Care Teams (ICTs)
  - Includes patient, their family, care coordinator, providers, and caregivers.
- Individualized Care Plans (ICPs)
  - Developed by the Interdisciplinary Care Teams based on the HRAs.
- Care Coordinators
  - Facilitate communication between plans, providers, and patients.
  - Help your patient get social and other support they need so you can focus on providing care.

CARE COORDINATOR

- The patient's care coordinator helps facilitate communication among the patient's continuum of providers, including:
  - Medical
  - Long-Term Services and Supports
  - Behavioral Health
- Communication processes are developed jointly between the Cal MediConnect health plan and providers through the work of the Interdisciplinary Care Team.
- Cal MediConnect Care Coordinators can be a resource for you, your patients and your staff.

CARE COORDINATION EXAMPLE

If you are trying to help a patient manage his/her diabetes, the Cal MediConnect Care Coordinator can:

- Arrange transportation for your patient to pick up their prescriptions.
- Help your patient follow through on your recommendations and care plan.
- Answer any questions (e.g. about social services) your patient may have.
- Make sure your patient returns for follow-up visits.
- Help your patients with non-medical needs to get and stay healthy (e.g. about nutrition).

POSITIVE IMPACT: TONYA

- Tonya was living in a nursing facility when she enrolled in Cal MediConnect.
- Tonya now lives in an assisted living community where she has help from an attendant and her care coordinator. Through her Cal MediConnect health plan, Tonya's care also includes services to build her strength and help prevent falls.
- Tonya now feels independent, yet knows she is not alone. Her care coordinator helps schedule her doctor visits and helps her follow her doctors' instructions.
- Unlike other seniors caught in the exhausting cycle of emergency room visits and hospitalizations, Tonya is managing her own health care with help from her providers and care coordinator.
- For Tonya, coordinated care means a partnership between her care coordinator and doctor, supports that promote her independence and well-being, and living happily in her home and community.

DATA SHOWS PROMISE OF CCI (1 OF 2)

- Beneficiaries in Cal MediConnect plans are satisfied with:
  - The way different health care providers work together to give them services (**82%**).
  - The information provided by their plan to explain benefits (**84%**).
- **87%** of beneficiaries were pleased with the amount of time their doctor or other staff spent with them.
- A significantly lower percentage of CMC beneficiaries are hospitalized than those who opted out of the program.

DATA SHOWS PROMISE OF CCI (2 OF 2)

Focus groups conducted by the University of California found that beneficiaries:

- Expressed great satisfaction with services provided from their care coordinators through the Cal MediConnect health plan.
- Felt care is more coordinated—that providers are talking to each other—and this reduced the burden on them to relay information between providers.
- Saw their care coordinator serve as a problem-solver, and as the go-to person for questions. Beneficiaries described their care coordinators as organized, responsive, proactive, and helpful in identifying areas that may need medical attention.

FOR MORE INFORMATION REGARDING PROGRAM EVALUATIONS

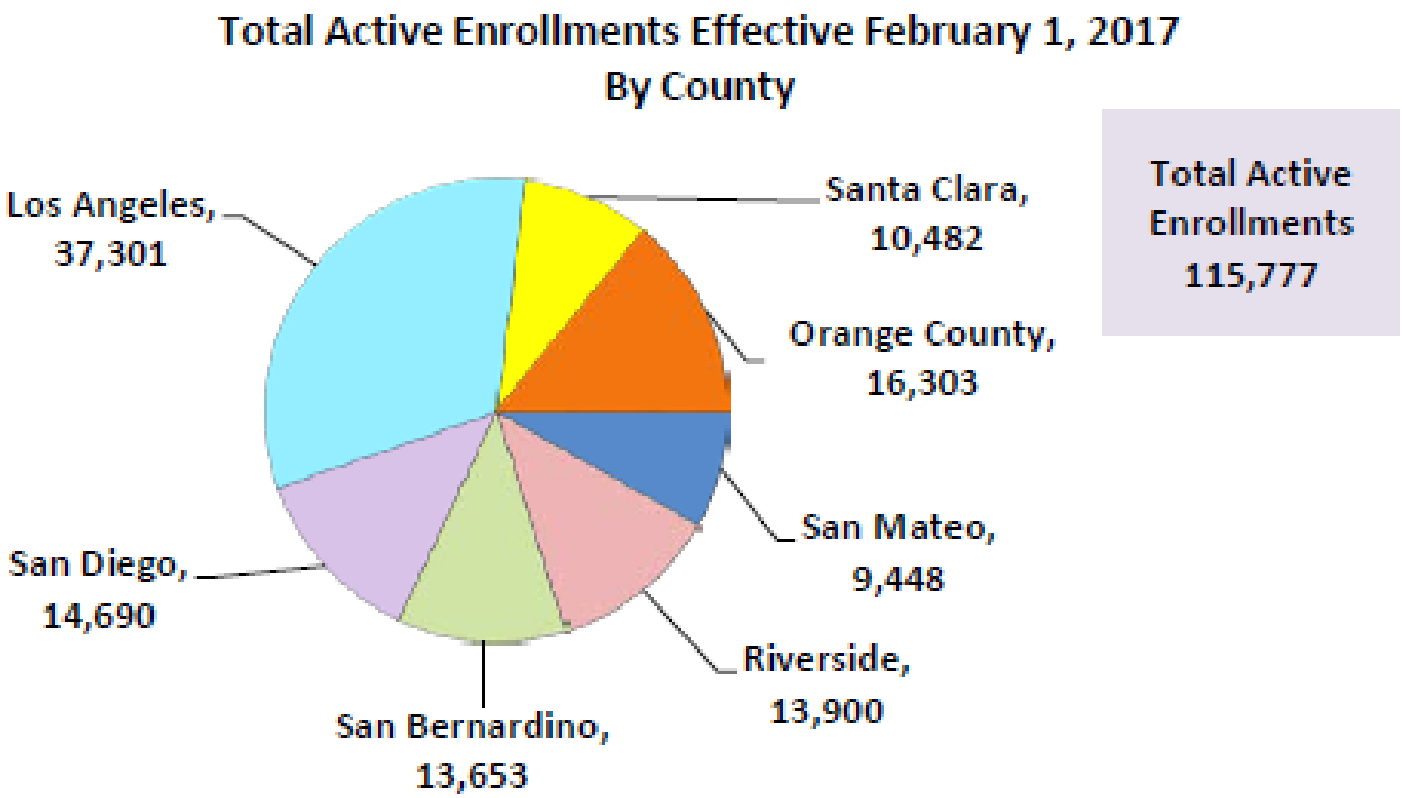
- The SCAN Foundation
  - Field Research Group: Rapid Cycle Polling
  - University of California: Multi-Year Evaluation

For more information, please visit: www.thescanfoundation.org/evaluating-medicare-medicaid-integration

STREAMLINED BILLING FOR CAL MEDICONNECT

- Rates are often based on Medicare rates, similar to Medicare Advantage plans.
- You can submit claims to one plan, or delegated entity, rather than navigating both Medicare and Medi-Cal billing processes.
- If you have any questions about who to bill, you can contact the Cal MediConnect health plan's provider relations department.
- You must enter into an agreement with the health plan and/or delegate an entity to receive payment for Cal MediConnect beneficiaries.

ENROLLMENT DATA



CAL MEDICONNECT PLANS IN LOS ANGELES COUNTY

Health Plan	Provider Services	Provider Website
Care1st	(855) 905-3825	https://www.care1st.com/ca/providers/index.asp
CareMore	(888) 291-1358	http://www.caremore.com/Providers.aspx
Health Net	(855) 464-3571	http://bit.ly/non-part-prov
L.A. Care	(866) 522-2736	http://duals.lacare.org/providers/benefits
Molina Health	(866) 472-4585	http://bit.ly/molina_provider

CAL MEDICONNECT PLANS IN ORANGE COUNTY

Health Plan	Provider Services	Provider Website
CalOptima	(714) 246-8600	https://www.caloptima.org/en/Duals.aspx

CAL MEDICONNECT PLANS IN RIVERSIDE & SAN BERNARDINO COUNTIES

Health Plan	Provider Services	Provider Website
Inland Empire Health Plan	(909) 890-2054	https://ww3.iehp.org/en/providers/
Molina Health	(888) 665-4621	http://bit.ly/molina_provider

CAL MEDICONNECT PLANS IN SAN DIEGO COUNTY

Health Plan	Provider Services	Provider Website
Care1st	(855) 905-3825	https://www.care1st.com/ca/providers/index.asp
Community Health Group	(800) 840-0089	http://www.chgsd.com/providerServices.aspx
Health Net	(855) 464-3572	https://www.healthnet.com/portal/provider
Molina Healthcare	(866) 472-4585	http://bit.ly/molina_provider

CAL MEDICONNECT PLANS IN SAN MATEO COUNTY

Health Plan	Provider Services	Provider Website
Health Plan of San Mateo	(650) 616-2106	http://www.hpsm.org/providers/provider-resources.aspx

CAL MEDICONNECT PLANS IN SANTA CLARA COUNTY

Health Plan	Provider Services	Provider Website
Santa Clara Family Health Plan	(408) 874-1788	http://bit.ly/scfhp-prov
Anthem Blue Cross	(800) 832-6011	http://bit.ly/anthem_prov

CONTINUITY OF CARE (1 OF 3)

- If you're not in a patient's Cal MediConnect plan network, you and your patient have continuity of care rights.
- This means they can continue to see you for up to 12 months.
- You and the plan must reach agreeable terms for payment, but no contracting is necessary.
- Payment terms are equivalent to Medicare and Medi-Cal fee schedules or the plan's fee schedule, whichever is higher.

CONTINUITY OF CARE (2 OF 3)

- You must have an existing relationship with the patient, meaning you must have had 1 visit during the past 12 months.
- You can request continuity of care over the phone by calling the health plan.
  - Requests must be processed within three days if there is a risk of harm to the patient.
- Plans also actively try to determine continuity of care needs as part of the HRA process.

CONTINUITY OF CARE (3 OF 3)

- You can also request retroactive continuity of care within 30 days of the first service following a patient's enrollment.
- Plans know continuity of care is key to keeping their members and are eager to work with you on these requests.

OTHER OPTIONS

Medi-Cal Managed Care Plans (MLTSS)

- Who: Medi-Cal only patients and dually eligible patients who don't join Cal MediConnect.
- Mandatory for those listed above.
- Medicare stays the same.
- Same Medi-Cal services patients currently receive; now the responsibility of the MLTSS plan.
  - Plan pays Medicare cost-sharing
  - Plan responsible for coordinating Long-Term Services and Supports

Program of All-Inclusive Care for the Elderly (PACE)

- Who: Dual eligible patients and Medi-Cal only patients
- Option available to those who are determined eligible.
- People in PACE must use their network of providers.

QUESTIONS

MEDI-CAL MANAGED CARE PLANS

MEDI-CAL BENEFITS AND LONG-TERM SERVICES AND SUPPORTS

MEDI-CAL MANAGED CARE PLANS (1 OF 2)

- Medicare stays the same – you still bill and receive Medicare rates from Medicare or a Medicare Advantage plan.
  - Your patient is in fee-for-service Medicare or Medicare Advantage AND a Medi-Cal Managed Long-Term Services and Supports plan.

- Medi-Cal managed care plans will continue to ensure patients have access to the same Medi-Cal services patients currently receive:
  - Hearing aids
  - Bathroom aids (grab bars, shower chairs)
  - Non-emergency medical transportation (wheelchair vans and litter vans)
  - Incontinence supplies

MEDI-CAL MANAGED CARE PLANS (2 OF 2)

- Medi-Cal providers must be in the health plan's network.
  - You have to request authorization from the plan for Medi-Cal services.
  - Includes non-physician services such as medical supplies and in-home supports.
- Long-Term Services and Supports are now coordinated by a managed care plan.

LONG-TERM SERVICES AND SUPPORTS

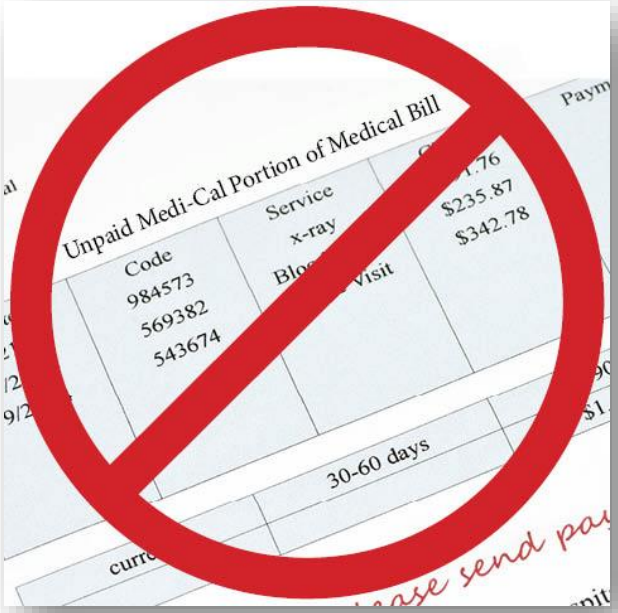
- **In-Home Supportive Service (IHSS)**: state program to provide caregivers for homebound and limited-mobility individuals who need assistance with cooking, bathing, etc.
- **Community-Based Adult Services (CBAS)**: day services for older adults, or adults with disabilities.
- **Multipurpose Senior Service Programs (MSSP)**: social and health care management for seniors.
- **Nursing Facilities**: long-term care for people who cannot live independently at home – care that's primarily paid for by Medi-Cal.

AUTHORIZATIONS FOR PATIENTS IN MEDI-CAL MANAGED CARE PLANS

- Medi-Cal managed care plans should not assign a primary care physician to dually eligible patients. Their physicians are still Medicare physicians.
- Medi-Cal managed care plans do not authorize Medicare-covered physician services for dually eligible patients.
- You do not have to be contracted with the Medi-Cal managed care plan to request authorization for Medi-Cal services, such as transportation.
- You will have to request authorization for Medi-Cal services and use a plan network provider for these services.

BILLING FOR PATIENTS IN MEDI-CAL MANAGED CARE PLANS (1 OF 2)

- **Medicare fee-for-service:**
  - Usually pays up to 80% of the Medicare fee schedule.
  - Should be billed as usual.
- **Medicare Advantage Plans:**
  - Should be billed as usual per contract.
- **Medi-Cal's 20% co-pay:**
  - **Cannot be billed to patient, it is illegal**.
  - Should be billed to patient's Medi-Cal plan.
  - Medi-Cal plan will pay amount owed under state Medi-Cal law.



BILLING FOR PATIENTS IN MEDI-CAL MANAGED CARE PLANS (2 OF 2)

- You do not have to be contracted with a Medi-Cal plan to see patients with fee-for-service Medicare or Medicare Advantage.
- You do not have to be contracted with Medi-Cal plan to bill a Medi-Cal plan for the Medi-Cal portion of payment.
- Physicians cannot directly bill patients with both Medicare and Medi-Cal for any covered services.
  - Any bills or claims should be sent to Medicare (or their Medicare Advantage plan) and their Medi-Cal plan.
  - It is illegal to bill dually eligible patients any co-payments, co-insurance, or balances due.

PAYMENTS FOR PATIENTS IN MEDI-CAL MANAGED CARE PLANS

- Medicare will remain the primary payer and the Medi-Cal plan the secondary payer.
- Medi-Cal plans are responsible for adjudicating the Medi-Cal portion of services.
- Medi-Cal plans pay claims in the same manner that Medi-Cal FFS has paid in the past.

PACE

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY

PACE

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

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

DHCS COMPREHENSIVE STRATEGY

PROGRAM IMPROVEMENTS AND UPDATES

DHCS UPDATES – VOLUNTARY ENROLLMENT

Streamlined Enrollment

- Allows Cal MediConnect health plans to submit enrollment changes to DHCS on behalf of their MLTSS members.
- Began the week of August 22, 2016.

Updated Outreach

- New beneficiary toolkit.
- New outreach strategies.
- Updated CalDuals website.

MLTSS Enrollment

- New Cal MediConnect and Managed Long-Term Services and Supports (MLTSS) Resource Guide and Choice Book.
- Ehen a dual beneficiary either gains Medi-Cal or moves to a CCI county, they will receive the new materials that outline their health plan options (Cal MediConnect, MLTSS, and PACE).
- The default option is to enroll a beneficiary into a MLTSS health plan.

DHCS UPDATES – PROGRAM IMPROVEMENTS

Best Practices Meetings

- DHCS holds monthly meetings with Cal MediConnect plans to share best practices and ensure all plans are performing to the highest standard.
- Recent topics include Targeting Care Coordination for High Risk Members and Outreach to Communities of Diverse Backgrounds.

Increase Access to LTSS

- DHCS worked with a workgroup to standardized HRA referral questions.
- Includes increased data reporting from health plans.

RESOURCES

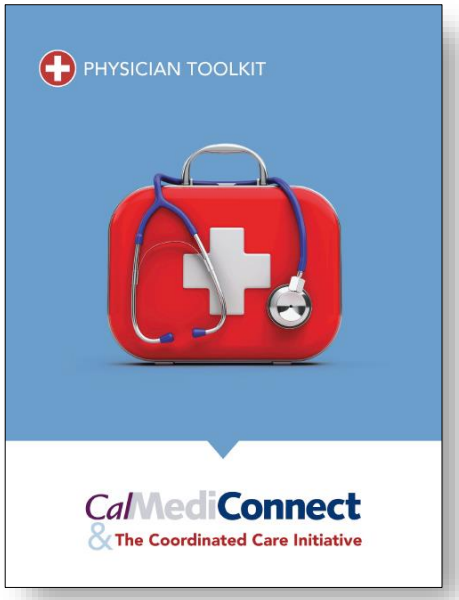
FOR YOUR PATIENTS AND YOUR PRACTICE

WHO TO CALL FOR HELP (1 OF 2)

- If you have problems, call your patient's Cal MediConnect or Medi-Cal managed care plan – or the plan you are contracted with.
- If your patients are having trouble with their health plan, they should call their health plan or the Cal MediConnect Ombudsman Program.

WHO TO CALL FOR HELP (2 OF 2)

- If your patient cannot resolve issues with his/her health plan:
  - Cal MediConnect Ombudsman Program → **1-855-501-3077**
  - Medi-Cal Managed Care Ombudsman → **1-888-452-8609**
- Patients can access free counseling on their health coverage:
  - Health Insurance Counseling and Advocacy Program → **1-800-434-0222**
- If patients want to join or change health plans:
  - Health Care Options → **1-844-580-7272**
- Patients in a Medi-Cal plan who want to join Cal MediConnect can call their Medi-Cal plan directly for help with enrollment.

MORE INFORMATION

- Visit www.calduals.org for more information about the CCI.
- The CCI Physician Toolkit is available at: http://www.calduals.org/providers/physician-toolkit/
- Email: info@calduals.org
- Email: Coordinator@harbageconsulting.com