Coordinated Care Initiative (CCI): An Update

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Tuesday, December 19, 2017
• All on mute. Use Questions function for substantive questions and for technical concerns.

• Problems with getting on to the webinar? Send an e-mail to kcohens@justiceinaging.org

• Slides and a recording are available at justiceinaging.org/resources-for-advocates/webinars/

• See also the chat box for this web address.
Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we’ve focused our efforts primarily on populations that have traditionally lacked legal protection such as women, people of color, LGBT individuals, and people with limited English proficiency.
Today’s Discussion

- Overview of CCI
- Enrollment
- Evaluations
- What’s Next
- Resources
CCI Overview
# CCI = Three Big Parts

<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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When and Where

<table>
<thead>
<tr>
<th>County</th>
<th>Passive Start and End Date</th>
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<tbody>
<tr>
<td>Los Angeles</td>
<td>July 2014 – June 2015</td>
</tr>
<tr>
<td>Orange</td>
<td>August 2015 – July 2016</td>
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<tr>
<td>Riverside</td>
<td>May 2014 – March 2015</td>
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<tr>
<td>San Bernardino</td>
<td>May 2014 – March 2015</td>
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<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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CCI and the 2017-18 Budget

- Poison Pill Eliminated
- IHSS Carve Out
  - In theory, no change, but watch for:
    - Slower processing times
    - Less coordination
- Cal MediConnect extended from 3 to 5 years
  - New End Date: December 2019
- MSSP transition to managed care benefit January 2020
- Dental Benefits Fully Restored – January 1, 2018
- Vision Benefits on the Horizon – 2020
Enrollment
Voluntary Enrollment

• **Cal MediConnect Plan Outreach**
  • Plans are permitted to contact dual eligibles enrolled in their other product lines

• **Streamlined Enrollment**
  • All plans can now accept enrollment transactions
  • Submit transaction to HCO
  • HCO confirms enrollment

• **New Duals**
  • Newly Medi-Cal Enrollees Receive Notices with Cal MediConnect Information
You are getting this letter because you are eligible for BOTH Medicare and Medi-Cal. You must choose a health plan for your Medi-Cal benefits (including Long-Term Services and Supports). You have many health plans to choose from to receive your Medi-Cal benefits. You can choose a Cal MediConnect plan, which covers all of your Medicare and Medi-Cal benefits together under one plan, and includes extra benefits. You can also choose to keep your Medicare separate and choose a Medi-Cal Managed Care plan for your Medi-Cal benefits. You also may be eligible to apply for a Program of All-Inclusive Care for the Elderly (PACE) plan, if you are over 55 and meet certain requirements.

This choice book explains the benefits of each health plan and explains how to enroll into the plan that best fits your health care needs. Please read the choice book carefully.

You have the following choices:

- **Join a Cal MediConnect Plan.**
  Cal MediConnect combines all your Medicare and Medi-Cal benefits into one, convenient health plan. Cal MediConnect is only available in certain counties. If you move, contact your eligibility worker to learn about your options.

- **Join a Medi-Cal Managed Care Plan.**
  You can choose to keep your Medicare and Medi-Cal separate, but you must still join a Medi-Cal Managed Care plan for your Medi-Cal benefits. Joining a Medi-Cal Managed Care plan will not change your Medicare benefits. If eligible, you may also apply for Program for All-Inclusive Care for the Elderly (PACE). PACE plans cover all Medicare and Medi-Cal benefits. Services are provided at PACE centers and at home. You must qualify for PACE. If you choose PACE, you must still select a Cal MediConnect or Medi-Cal Managed Care plan in case you do not qualify for PACE.

Enclosed in this choice book is your health plan enrollment choice form, please complete and return the choice form by 4/24/2015.
Cal MediConnect Enrollment

Total: 116,351

- Los Angeles: 37,786 (32%)
- Orange: 10,074 (8.5%)
- Riverside: 9,196 (7.9%)
- San Bernardino: 15,199 (13%)
- San Diego: 14,875 (13%)
- San Mateo: 14,517 (12.5%)
- Santa Clara: 14,517 (12.5%)

Enrollment Dashboard, October 1, 2017
Cal MediConnect Enrollment Rates

Los Angeles: 19%
Orange: 32%
Riverside: 45%
San Bernardino: 43%
San Diego: 33%
San Mateo: 71%
Santa Clara: 40%
Cal MediConnect Disenrollment

Enrollment Dashboard, October 1, 2017
Other Disenrollment

- Plan Change: 93%
- Medi-Cal Eligibility: 6%
- Medicare Eligibility: 1%

Enrollment Dashboard, October 1, 2017
Retention

• Deeming
  • “Deemed eligible” allows duals who have Medi-Cal eligibility issue to remain in plan for two months to resolve eligibility issue before disenrollment
  • Most effective when plans partner with legal advocates to assist with eligibility issue
Evaluations
Evaluations

Types

• SCAN Rapid Cycle Polling – 5 waves to date
• UCSF/UC Berkeley – 3 year eval. Focus groups, stakeholder interviews, telephone surveys
• RTI/CMS Evaluation – First report released in January 2016

For a list of links for all evaluations, visit http://www.dualsdemoadvocacy.org/evaluations/
Evaluation
Main Findings

• CMC overall satisfaction increases the longer enrolled
• Most satisfied with care coordinators
• However, only 1/3 report having a care coordinator
• High rates of unmet need persist
  • 4 in 10 report having need for personal or routine care
What’s Next
Additional Programmatic Updates

• Standardization of LTSS HRA Questions – January 2018
• Transportation Benefit – July 1, 2017
  • Plans responsible for both NEMT and NMT
  • Subsumes 30 one-way trips
• Dental Benefits Fully Restored – January 1, 2018
• Nursing Facility Transitions
• Nursing Facility Hospital Admission Demo
  • Southern California Plans – e.g. utilize nurse practitioners and case managers to improve care coordination within first 72 hours of discharge; flu/pneumonia vaccines
What’s Coming

• Dashboard
• RTI California Evaluation
• CMS Review of Care plans
• DPL on NMT
• DPL on ICTs and Care Plans
Resources
Resources

- Beneficiary Toolkit
- Provider Toolkit
- Hospital Case Manager Toolkit
Justice in Aging Resources

Get the Advocates Guide to the CCI Version SIX!
Sign up for CCI Alerts
Fact Sheets
Trainings

http://dualsdemoadvocacy.org/california

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