

# JUSTICE IN AGING

---

FIGHTING SENIOR POVERTY THROUGH LAW

## Coordinated Care Initiative (CCI): An Update

Amber Christ, Senior Staff Attorney

Thursday, October 6, 2016

# JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

- 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](mailto:kcohens@justiceinaging.org)
- Slides and a recording are available at [justiceinaging.org/resources-for-advocates/webinars/](https://justiceinaging.org/resources-for-advocates/webinars/)
- See also the chat box for this web address.

# JUSTICE IN AGING

---

FIGHTING SENIOR POVERTY THROUGH LAW

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

Policy  
Changes

What's Next

Resources

# CCI = Three Big Changes

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

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)

PACE

Original  
Medicare

Medicare  
Advantage or  
D-SNP

**JUSTICE IN AGING**

FIGHTING SENIOR POVERTY THROUGH LAW

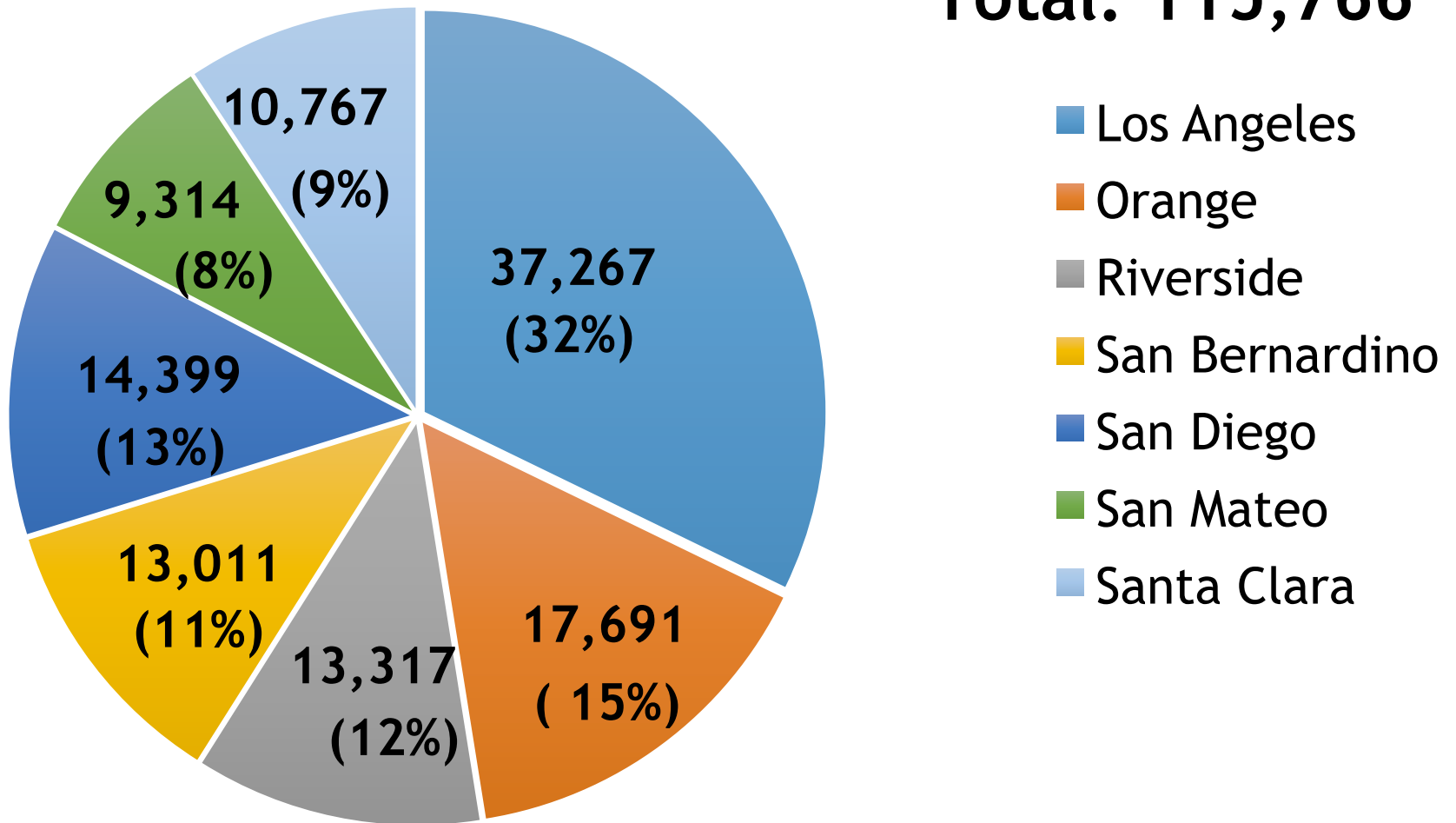
# When and Where



County	Passive Start and End Date
Alameda	
Los Angeles	July 2014 – June 2015
Orange	August 2015 – July 2016
Riverside	May 2014 – March 2015
San Bernardino	May 2014 – March 2015
San Diego	May 2014 – March 2015
San Mateo	April 2014
Santa Clara	January 2015 – December 2015

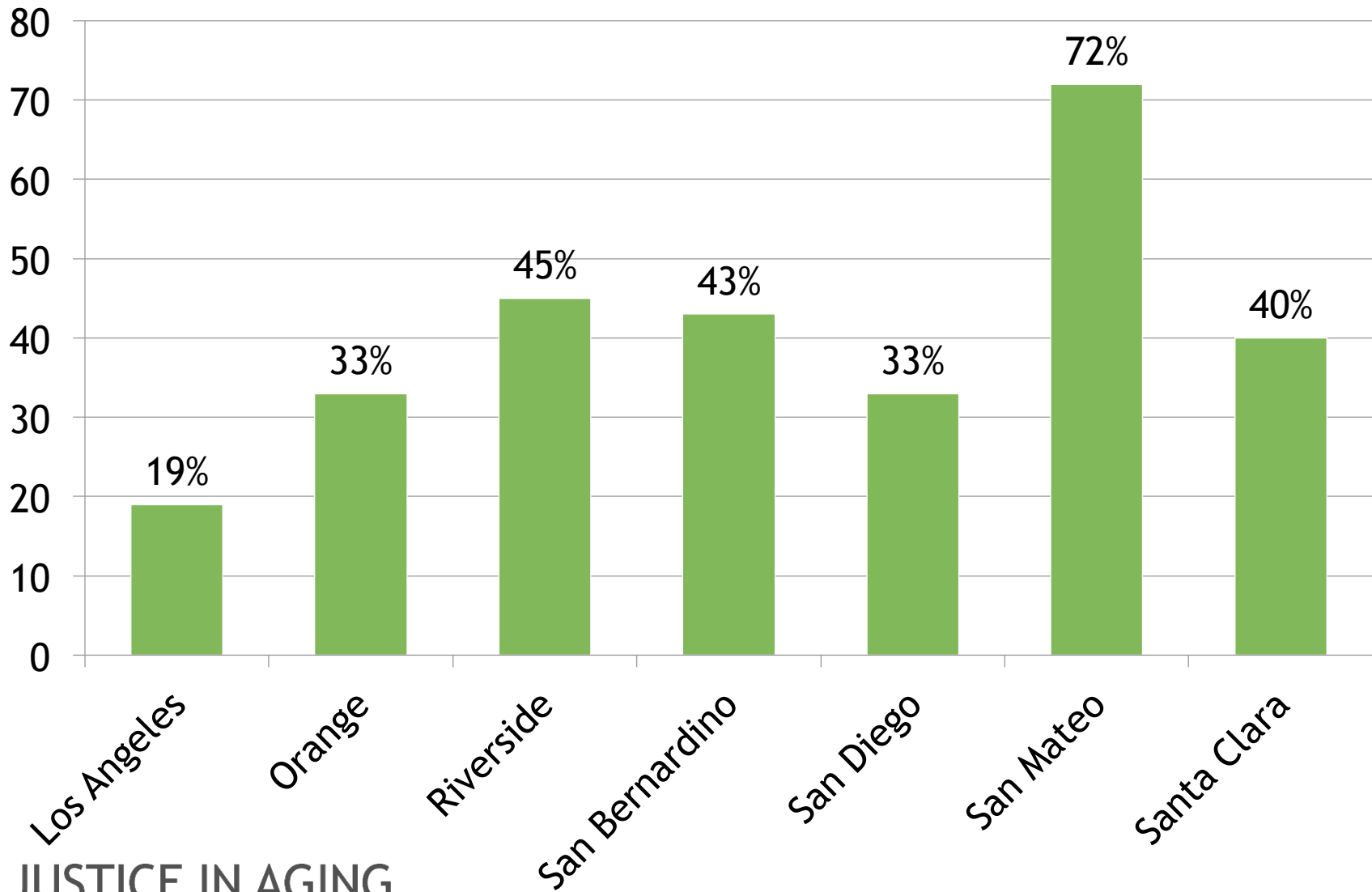
# Cal MediConnect Enrollment

**Total: 115,766**

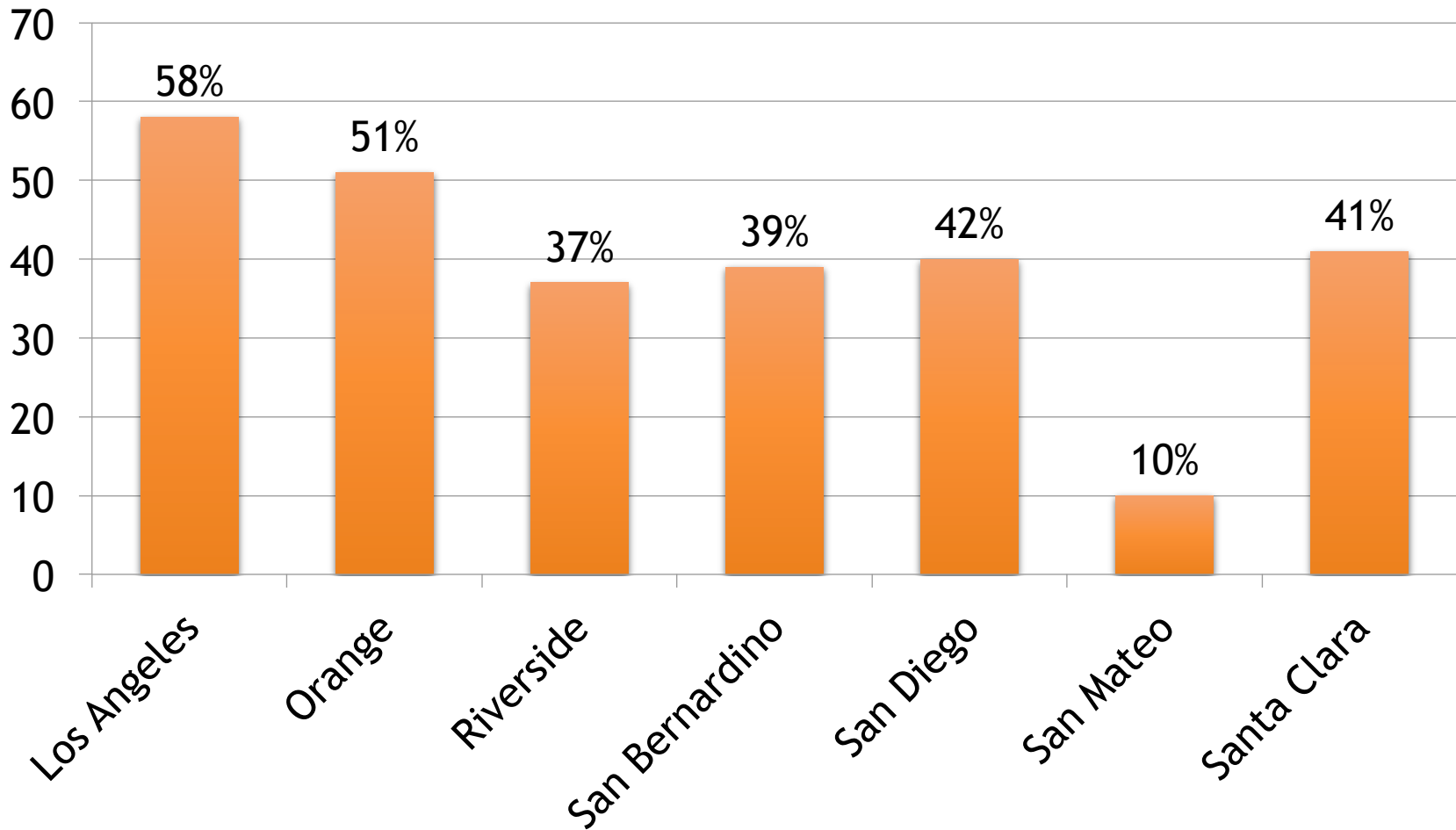




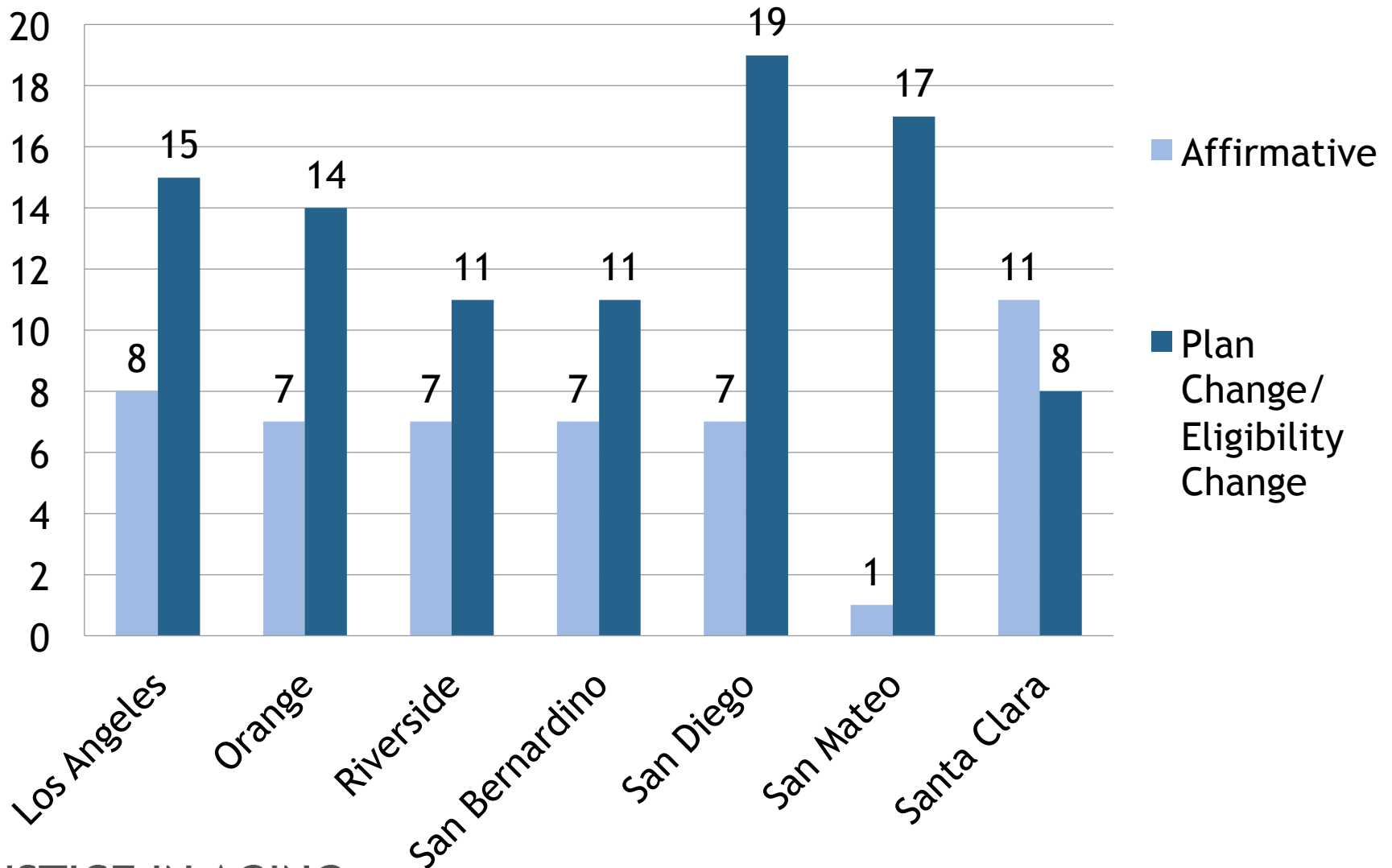
# Cal MediConnect Enrollment Rates



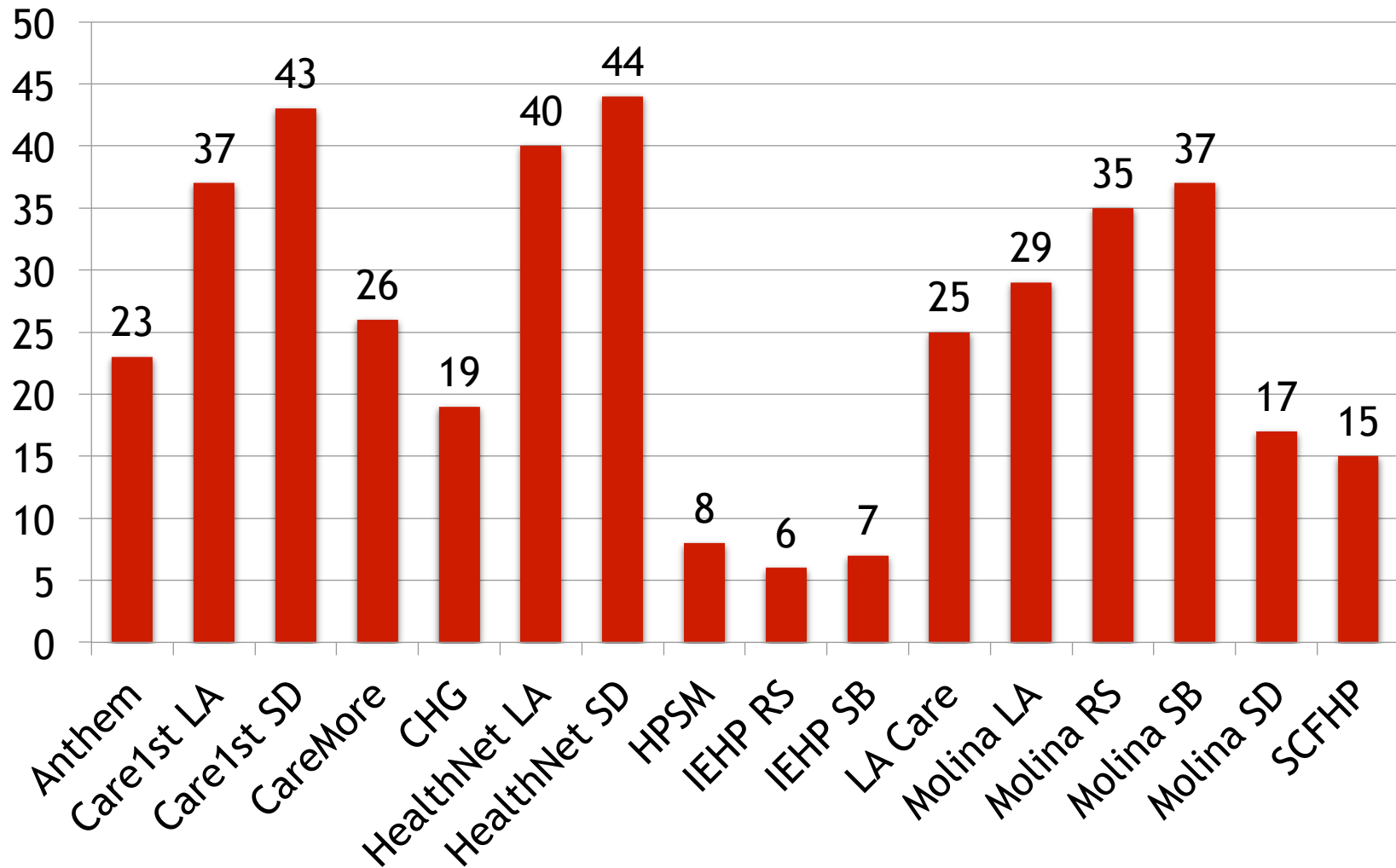
# Cal MediConnect Opt Out Rates



# Cal MediConnect Disenrollment



# Overall Net Membership Loss by Plan



# Performance Dashboards

## HRA Completion

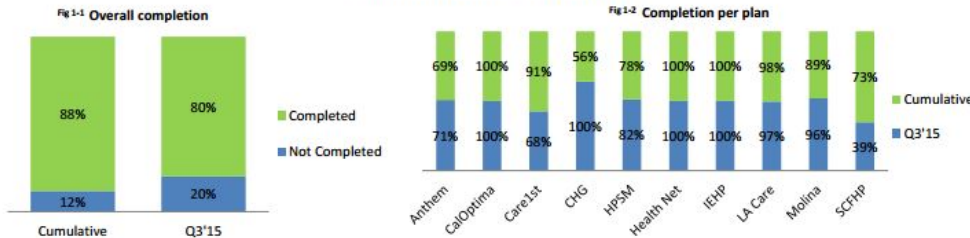


### Cal MediConnect Performance Dashboard Released March 2016

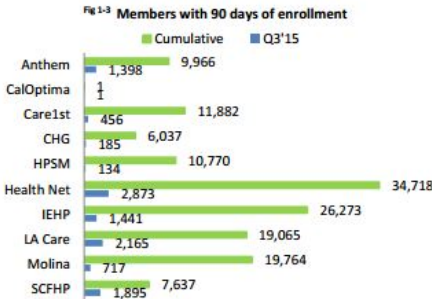


Health Risk Assessments (HRAs): Cumulative (April 2014 - September 2015) and Quarter 3 (July 2015- September 2015) data.  
See metric summary for additional information.

HRAs completed within 90 days of enrollment

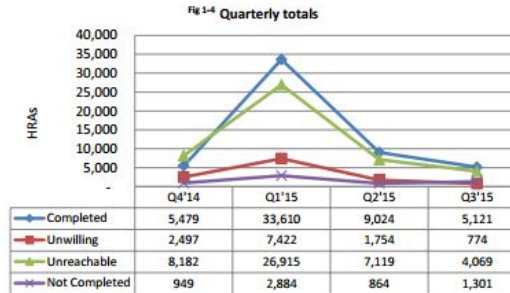


Note: Fig 1-1 and 1-2 excludes beneficiaries who were unwilling to participate in a HRA or unreachable by the plan during the reporting period.



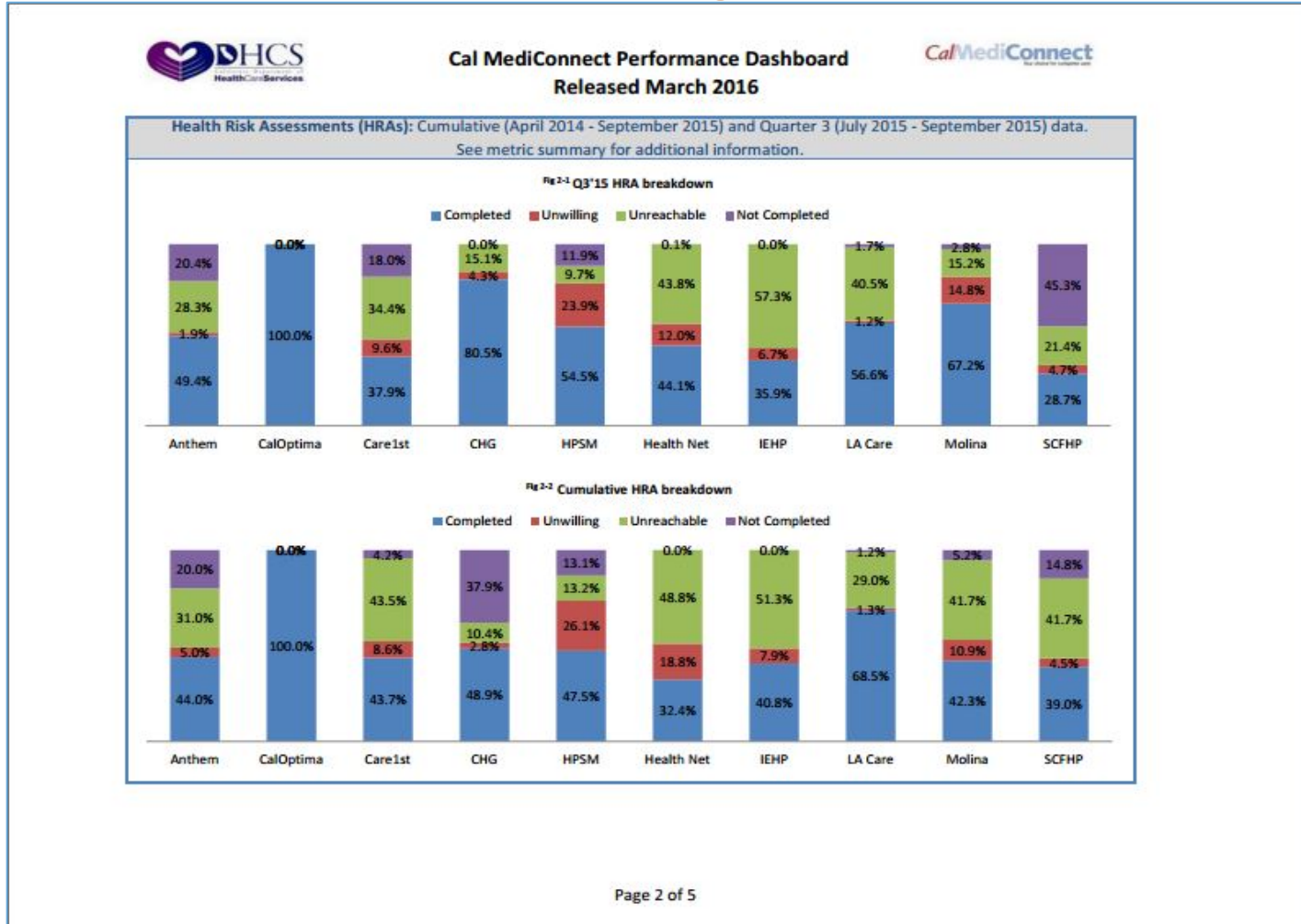
Note 1-3: CalOptima started voluntary enrollment during this period with 1 member enrolled during July 2015 whose 90th day of enrollment occurred within the reporting period.

Note 1-4: A substantial number of Dual Special Needs Plan (DSNP) and Low income subsidy (LIS) members were passively enrolled into the CMC Program with an effective date of January 1, 2015.



# Performance Dashboards

## HRA Completion



# Evaluations

## Types

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

For a list of links for all evaluations, visit <http://www.dualsdemoadvocacy.org/evaluations/>

# Evaluation

## Main Findings

- CMC overall satisfaction mostly the same for those enrolled versus those not enrolled
- Dissatisfied with noticing, changing doctors
- Most satisfied with care coordinators
- However, only 1/3 report having a care coordinator
- Opt out because happy with current health care coverage or not wanting to lose doctor

<http://www.thescanfoundation.org/evaluating-medicare-medicaid-integration>



# Cal MediConnect Updates

## Program Improvements

- Continuity of Care Expanded
  - 6 months to 12 months
  - Existing relationship: no distinction between PCP and specialist (both once in 12 months)
- Standardization of HRA Questions
- Best Practices Sessions
- Voluntary Enrollment Strategy

# Cal MediConnect Updates

## Policy Changes

- Streamlined Enrollment
  - All plans can now accept enrollment transactions
  - Submit transaction to HCO
  - HCO confirms enrollment
- Deeming
- Discharge Planning

# What's Coming

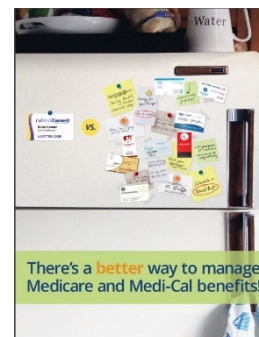
- MLTSS Enrollment
- RTI California Evaluation
- Budget

*2016/2017 Budget: “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

# New Resources

- Beneficiary Toolkit
- Provider Toolkit
- Care Coordination



# Justice in Aging Resources

Get the Advocates Guide to the CCI Version Five!

Sign up for CCI Alerts

Fact Sheets

Trainings

<http://dualsdemoadvocacy.org/california>

**Amber Christ**

[achrist@justiceinaging.org](mailto:achrist@justiceinaging.org)

**Denny Chan**

[dchan@justiceinaging.org](mailto:dchan@justiceinaging.org)



**@justiceinaging**

**JUSTICE IN AGING**

FIGHTING SENIOR POVERTY THROUGH LAW