

*The SCAN Foundation's Annual
Long-Term Services and Supports Summit*

Evaluating CCI: What's Next for the Program?

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Strengthening & Improving the CCI

- In order for Cal MediConnect to be successful over the long term, we know we need to continue strengthening the quality of care beneficiaries receive, and ensure sustainable participation in the program.
- Lots of helpful evaluation data has come out that helped us drive these improvements, particularly:
 - Developing clearer beneficiary education materials;
 - Encouraging care coordination activities;
 - Expanding use of long-term services and supports; and
 - Improving continuity of care.

Educating Newly Eligible Beneficiaries

- Evaluation efforts have flagged the continued need to ensure that materials clearly explain beneficiaries' health care options.
- DHCS has developed new education and enrollment materials through a rigorous stakeholder and user testing process.
- DHCS has developed a new streamlined enrollment strategy that allows plans to conduct one-on-one member education and then submit enrollment changes on behalf of their members.

New Materials for MLTSS Enrollment

- DHCS has developed new materials to inform newly eligible beneficiaries about their choices and enroll them into MLTSS plans. Working with the University of California Health Research Action Center, the materials went through robust user testing.
- Moving forward, when a dual beneficiary either gains Medi-Cal or moves to a CCI county, they would receive the new Cal MediConnect and MLTSS guidebook that outlines their health plan options. This includes information about Cal MediConnect, MLTSS, and PACE.
- The default option would be to enroll a beneficiary into an MLTSS health plan.
- With the completion of the new Cal MediConnect and MLTSS guidebook, DHCS would begin operationalizing a procedure to automatically enroll duals new to Medi-Cal or new to a CCI county into an MLTSS health plan, beyond the first phase of passive enrollment.

New Cal MediConnect & MLTSS Guidebook



How to Make a Health Plan Choice

There are several ways you can make a health plan choice.



Call Toll Free by xx/xx/xxxx

- Health Care Options toll free at 1-844-580-7272, Monday through Friday, 8:00 a.m. to 5:00 p.m. For TTY users, call 1-800-430-7077.
- You always have the ability to get more information by calling California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222.

OR



Visit Health Care Options in Person

To receive in-person health plan information, visit a Health Care Options presentation site near you. No appointment is necessary. For more information see the enclosed presentation schedule or contact:

- Health Care Options at 1-844-580-7272 for more information. For TTY users, call 1-800-430-7077.
- Visit www.healthcareoptions.dhcs.ca.gov and click "Presentation Sites" option.
- California Health Insurance Counseling & Advocacy Program (HICAP) has health insurance counselors who can talk to you about these changes and your choices. You can make an appointment by calling HICAP at 1-800-434-0222.

OR



Mail In Your Choice Form by xx/xx/xxxx

- Complete the Choice Form in this book and mail in the postage paid envelope provided.

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New Beneficiary Toolkit

What Is Cal MediConnect?

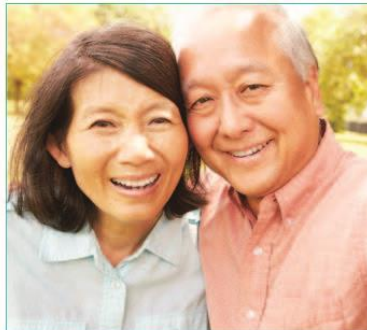
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Cal MediConnect is a new kind of health plan. It combines all your Medicare and Medi-Cal benefits into a single plan. This makes it simpler for you to get the services you need. It also helps you live independently.

Cal MediConnect health plans coordinate all your health care needs, including:

- Medical and vision care.
- Mental health care.
- Home- and community-based services (such as In-Home Supportive Services and Adult Day programs).
- Prescription medicines.
- Medical equipment and supplies.
- Substance abuse programs.

Cal MediConnect health plans make it easier for you to manage your health. These plans also offer extra benefits, such as transportation and vision care.



Who can join Cal MediConnect?

You can join if:

- You have both Medicare and Medi-Cal.
- You live in one of these counties:
Los Angeles
Orange
Riverside
San Bernardino
Santa Clara
San Diego
San Mateo

Joining is free.

- To join, call Health Care Options at **1-844-580-7272**, Monday-Friday, from 8:00 am to 5:00 pm.
- TTY users can call **1-800-430-7077**.
- When you call, you can talk to someone who speaks your language and can help you enroll.
- You can also call the plan directly.



Have a question? Call HICAP at 1-800-434-0222.

What Benefits and Services Will I Get in Cal MediConnect?

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With Cal MediConnect, you get a single health plan that provides all your Medicare and Medi-Cal benefits. This includes medicines, equipment, and supplies. Cal MediConnect plans offer services like care coordination, transportation, and vision care. Some plans provide extra benefits.



Medicines, equipment, and supplies

Cal MediConnect will cover and coordinate all your prescriptions and medical supplies and equipment. Tell the plan if there is something you need but are not getting.



Dental benefits

Some plans offer extra dental services. Ask the plan about dental benefits.



Optional benefits

Some plans offer new benefits that will make it easier to live independently, such as wheel-chair ramps in your home or grab bars in your shower. Tell your plan what you need.

Getting care is simple.

When you have questions or need help, you only need to call one phone number. And to get services, you only need one card—your Cal MediConnect card.

You can get a personal Care Coordinator.

Your plan may assign you a personal Care Coordinator or you may request one. This is a nurse or other health care professional. He or she will make sure that your doctors, pharmacists, and other providers work together to help you take care of your health. You can plan your care with your Care Coordinator. Your family or friends can be involved if you want. Your Care Coordinator will also:

- Ask you what you need and try to help you get it.
- Be available for you to call and ask questions.
- Arrange for services you may need to help you live independently (such as meal delivery and help with personal care).
- Help you make appointments, arrange transportation, obtain authorizations, and check on prescriptions.
- Help you find the right providers.

Have a question? Call HICAP at 1-800-434-0222.

What if I Decide Not to Join Cal MediConnect?

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Joining Cal MediConnect is voluntary. This means it is your choice to join. If you choose not to join Cal MediConnect, you will have two options. These are listed on the right.

If you do not join Cal MediConnect:

- You can keep your original Medicare or Medicare Advantage Plan.
- You must have a Medi-Cal Managed Care plan to get your Medi-Cal services. **If you don't have a Medi-Cal Managed Care plan, you must join one or one will be chosen for you.**
- Your home- and community-based services will be coordinated by the Medi-Cal Managed Care plan you join.



Have a question? Call HICAP at 1-800-434-0222.

Option 1:

Pick a Medi-Cal Managed Care Plan and Your Medicare Stays the Same

If you choose not to join Cal MediConnect, you can continue to receive Medicare services as you do today. But you will need to join a Medi-Cal Managed Care plan, if you aren't already in a plan. This is so you can get Medi-Cal benefits, such as personal care services, transportation, and supplies.

For more information on Medi-Cal Managed Care plans, see fact sheet number 14 in this toolkit.

Option 2:

Join a PACE plan (Program for All-Inclusive Care for the Elderly)

To join a PACE health plan, you must have one in your zip code. You must also:

- Have both Medicare and Medi-Cal.
- Be 55 or older.
- Be able to live safely in your home or in a community setting.
- Meet the requirements for a nursing facility. The PACE organization will determine if you meet these requirements, and the Department of Health Care Services will approve the decision.

For more information about PACE, visit www.calpace.org or call 1-888-633-PACE (7223).

Collaborating with Community Partners

- Voluntary strategy input from CA Collaborative will build on existing work:
 - Sharing beneficiary-friendly materials and messaging;
 - Ensuring culturally competent outreach and outreach to key target populations;
 - Improving CalDuals.org; and
 - Encouraging plans to do education and outreach.

Encouraging Care Coordination

- Evaluation efforts show that care coordination is working for beneficiaries who are receiving those services and that it increases beneficiary satisfaction with the program.
- DHCS is working with the plans to help expand utilization of the Cal MediConnect care coordination services:
 - New data reporting on care teams and care plans will improve oversight and accountability;
 - Best practices meetings will help plans learn from each other;
 - New provider toolkits will encourage greater collaboration in care delivery.

Increase Access to LTSS

- Improving access and coordination with LTSS services is a key part of Cal MediConnect, and the evaluation efforts show this is an area where we can continue to work with the plans.
 - DHCS, in partnership with CMS, will work to strengthen oversight of health plan LTSS referrals.
 - DHCS is implementing improved data reporting on LTSS referrals (see previous slide)
 - DHCS has convened a workgroup to develop standardized Health Risk Assessment LTSS referral questions.

Sharing Best Practices & Lessons Learned

- In May, **Cal MediConnect health plans have begun a series of meetings to share best practices.**
- Topics are selected in part based on evaluation data results that highlight areas where work can be done to improve the program for beneficiaries.
- DHCS believes these forums will improve collaboration and understanding among different Cal MediConnect health plans and help ensure that all health plans are delivering high-quality, coordinated care to beneficiaries. This process and structure is currently utilized on the Medi-Cal managed care side.

Improving Continuity of Care

- Evaluation efforts clearly show beneficiaries want to have continuity of care with their physicians when entering a new health plan.
- Effective in October 2016, DHCS has improved the continuity of care policy by:
 - **Extending the continuity of care period** for Medicare services from six months to 12 months to match the Medi-Cal continuity of care period, and
 - **Modifying requirements to just one visit with a specialist** within the past 12 months, as is the case with primary care physicians.

Resources and Contact Information

- For more information on the CCI – including enrollment, quality data, and toolkits – visit www.calduals.org.
- You can send any questions or comments to info@CalDuals.org.