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

Cal MediConnect at Three Years

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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.
Outreach & Education
Educating Beneficiaries

We are most successful when beneficiaries are engaged in their care.

Evaluation efforts 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.
New Cal MediConnect & MLTSS Guidebook
New Beneficiary Toolkit
Improve CalDuals.org

This revamped website has a more user-friendly design and navigation, particularly catering to beneficiaries.

Thank you to the California Collaborative for Long Term Services and Supports and to the CalDuals website workgroup members for their help on this project.
Targeted Provider Outreach

DHCS has been conducting intensive provider education based on our detailed analysis of beneficiaries who have opted out of Cal MediConnect.

This data allows us to identify providers (including physicians, hospitals, and medical groups) associated with large numbers of beneficiaries who have chosen not to participate in Cal MediConnect. DHCS intends to use these data to more effectively target provider education and outreach activities in partnership with the health plans and other partners.

We know that providers are an important source of information for beneficiaries. We want to be sure providers and beneficiaries have good information, and we want to address misconceptions.
In-Network Communication

• Providers new to managed care need extra support – particularly nursing facilities in California.

• DHCS has hosted provider summits in Los Angeles and the Inland Empire to support broader communication. Sessions have focused on care coordination topics, continuity of care, as well as billing and delegation. The sessions have been at capacity – showing there is a hunger for information.

• We’ve developed pilot programs to teach hospital case managers how to leverage Cal MediConnect plans to support member transitions in coordination with both the plans and the California Hospital Association.

• Dementia Cal MediConnect is leveraging expertise of Alzheimer’s Greater Los Angeles to train plan care managers.
Provider Engagement Strategies

Tailored materials for providers, with actionable information (e.g., how to bill Cal MediConnect plans).

In particular, it’s helpful to educate providers about how Cal MediConnect can help support their practice – reduce the administrative burdens on staff who often help beneficiaries struggling with social needs.

• A Cal MediConnect Hospital Case Manager Toolkit is one tool we have developed to help in care transitions back into the community.

• Monthly Webinars compliment the in-person outreach.
Example: Improper Billing

We conducted extensive outreach and education efforts around an issue impacting duals - improper billing, sometimes called “balance billing”.

- Provider bulletin
- Provider webinars
- Fact sheets for beneficiaries
- MCP best practices meeting
- Advocate training
Overall Outreach Numbers

Over 2016, the state outreach team worked to ensure beneficiaries, providers, and other stakeholders have clear, accurate, and actionable CCI-information.

Across CCI counties, the team conducted town halls, resource fairs, health fairs, presentations, webinars, and other outreach events.

This work amounted to educating over 10,000 beneficiaries, providers, and other stakeholders through more than 50 outreach events per month, over 80 monthly webinars, and the distribution of thousands of educational materials.
Enrollment Strategies

In response to stakeholder feedback, DHCS is pursuing enrollment strategies that support voluntary “opt-in” enrollment. Building on the work already underway by DHCS and the Cal MediConnect plans, DHCS has taken a number of actions, including...

- Streamlined Enrollment
- Mandatory MLTSS Enrollment
Program Improvements
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:
  • Data reporting on care teams and care plans with improve oversight and accountability;
  • Best practices meetings will help plans learn from each other;
  • Provider toolkits and trainings to 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 convened a workgroup to develop standardized Health Risk Assessment LTSS referral questions that will go into effect January 2018.

• We will continue to watch and support coordination with IHSS services.
Sharing Best Practices & Lessons Learned

• In May 2016, Cal MediConnect health plans began 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.
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.
Future of Cal MediConnect
Budget Implications

Although all the pieces of the CCI were not found to be cost-effective, the program has shown the potential to improve the care and quality for those enrolled and help to keep individuals in their homes and community, thereby leading to likely long term cost reductions.

Based on the lessons learned from CCI, the Budget extends the Cal MediConnect program, continues mandatory enrollment of dual-eligibles, and the integration of long-term services and supports (except IHSS) into managed care.

DHCS has requested from CMS that these three components of CCI be extended for an additional two years as part of the Cal MediConnect program.
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.