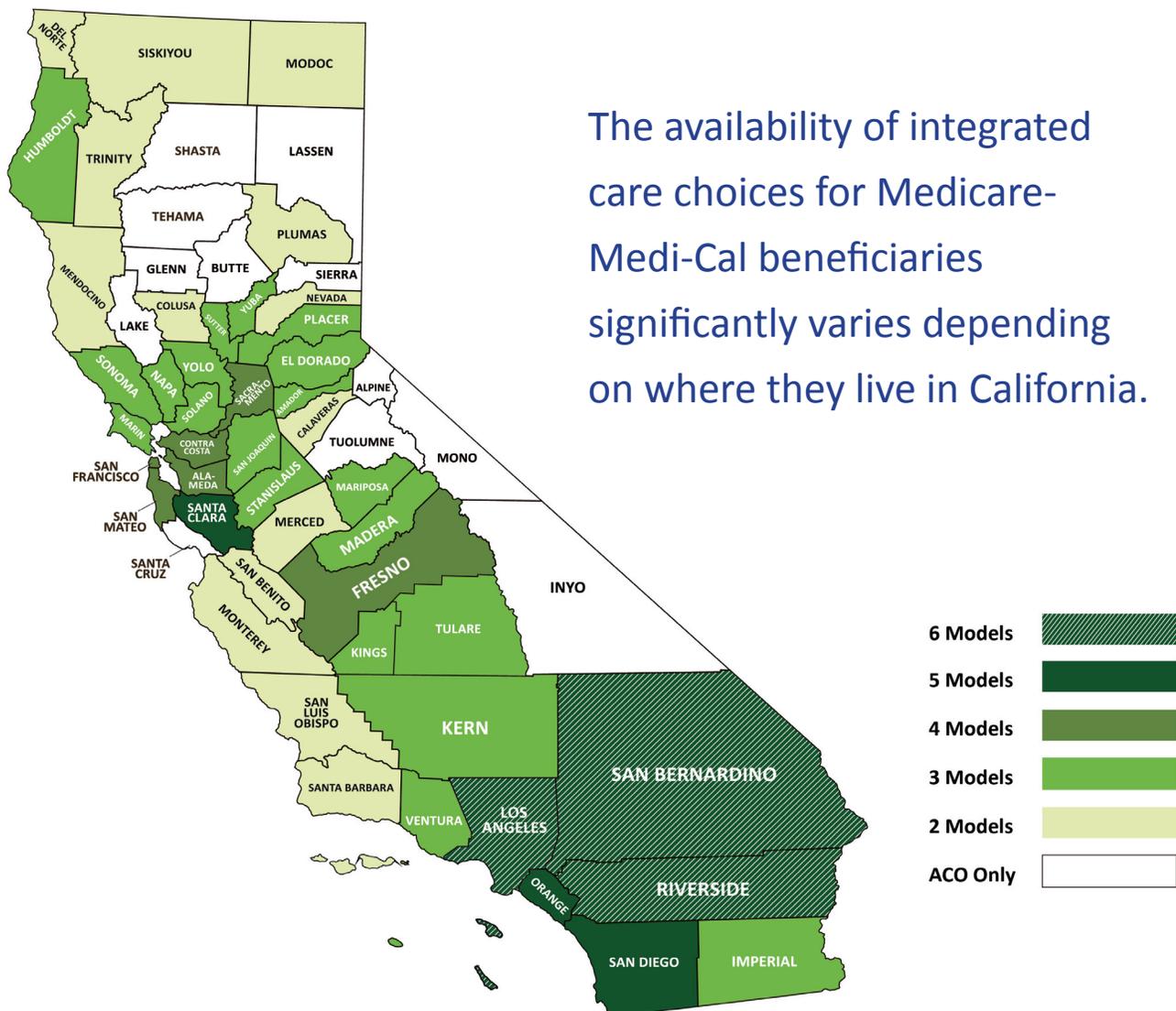


Integrated Care: What Options Exist for Californians with Medicare and Medi-Cal?

Policy Brief • June 2017

Californians with Medicare and Medi-Cal face many options when exploring how to get the health care and long-term services and supports they need. This brief begins to outline the range of available options.



Introduction

Californians with Medicare and Medi-Cal, people who are dually eligible, face many options when exploring how to get the health care and long-term services and supports (LTSS) they need. This is a unique and diverse group who have low incomes, high-needs, and account for a disproportionate share of spending in both programs. Recent innovations in Medicare along with shifts to Medi-Cal Managed Care, have created more choices in how care is delivered for people who qualify for both of these programs. Since Medicare and Medi-Cal choices vary by county, it can be confusing for individuals to decide which care option is the best one to meet their unique needs.

Dually eligible beneficiaries deserve to know their coverage options, because decisions on how to use their Medicare and Medi-Cal coverage can affect provider choices and access to LTSS. For example, individuals can use their Medicare to choose a doctor in a private practice, medical group, or health plan. Additionally, other options exist where an individual's doctor or network of providers coordinate his/her medical and non-medical health related services and supports—often called integrated care. These integrated care choices can be valuable to people with high-needs, but currently there is not a source for trusted consumer information to explain integrated care options. This brief outlines the range of delivery system options and integrated care choices available to the 1.3 million dually eligible people in California.¹

Medicare and Medi-Cal basics

Medicare is a federal health insurance program for people age 65 and older and those younger than 65 with a disability. Medicare provides coverage for hospital care (Part A), medical services (Part B), and prescription drugs (Part D). An individual can access benefits through traditional fee-for-service Medicare, available in all counties, or choose one of the Medicare Advantage (MA) plans available in their county. In traditional Medicare, payments are made directly to providers on a fee-for-service basis. Other options, like Medicare Advantage plans, are paid a fixed rate by Medicare to manage an individual's health care needs.^{2,3}

Medi-Cal, California's Medicaid program, provides health coverage to people with low income and asset levels who meet certain eligibility requirements. For most of the Medi-Cal population, California has moved from a fee-for-service system, where Medi-Cal pays providers directly, to managed care, where individuals select a health plan with a specific provider network. Medi-Cal also covers LTSS. These are services like personal care — such as bathing, dressing, and eating — provided in the home or a nursing facility.⁴

For services that both Medicare and Medi-Cal can cover (e.g., doctors' visits, hospital care, skilled nursing care), Medicare pays first and Medi-Cal pays second by covering any remaining costs, including Medicare coinsurances and copayments.^{3,5}

What is integrated care?

When people have two forms of health coverage such as Medicare and Medi-Cal, there can be inefficiencies in how care is paid for and provided. Recent federal efforts in health care focused on integrating Medicare and Medicaid to make care from these programs more efficient and seamless. Integrated care means that an individual can access medical care and non-medical services by working through one lead entity that is responsible to provide and/or organize care.

The health care entity uses care coordination to connect the individual to a range of services and supports to meet his/her overall needs. The degree to which Medicare and Medi-Cal services are integrated depends on the range of services provided and coordinated, contractual arrangement across various providers, and degree of blended funding. The least comprehensive options focus solely on coordinating medical care (e.g., primary and specialty care). The most comprehensive options help connect individuals with services and supports in their local communities (e.g., meals, home modifications, county-based behavioral health services), and may provide additional benefits beyond the core coverage of Medicare and Medi-Cal.

For the purposes of this paper, we define the degrees of integration as follows.

Modest: Core medical services are provided and coordinated through a network of health providers that has a structured agreement to communicate and share information for purposes of coordinating services. Medicare and Medi-Cal funding streams are separate.

Moderate: A health system is responsible for providing services funded through the primary coverage (most often Medicare), while coordinating the range of medical services, behavioral health services, and LTSS covered by both Medicare and Medi-Cal. Services are typically provided through a network of providers contracted with the health plan. Medicare and Medi-Cal funding streams are separate.

Medicare and Medi-Cal Benefits for Dual Eligibles

Medicare

- Acute care services
- Prescription drugs
- Post-acute care

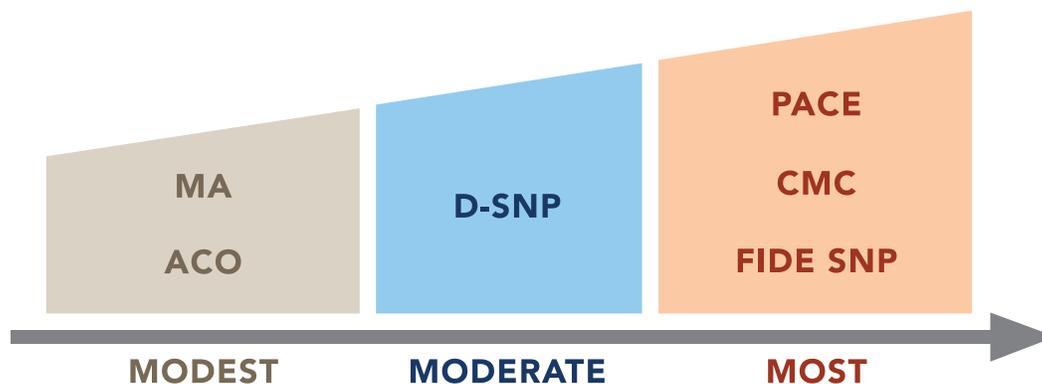
Medi-Cal

- Long-term services and supports
- Services not covered by Medicare
- Medicare premiums and cost sharing

Most: One health system is responsible for providing and coordinating all covered medical services, behavioral health services, and LTSS covered by both Medicare and Medi-Cal. Services are typically provided through a network of providers contracted with the health plan. Medicare and Medi-Cal funding is blended — managed by a single plan.

The figure below shows the continuum of integrated care models in California from a modest degree of integration to the most integrated.

What are the options in California?



There are multiple Medicare and/or Medi-Cal integrated care options currently available to dually eligible Californians. To assist in better understanding each of the options, brief descriptions are provided below along with a glossary of terms on page 13. The descriptions are ordered by degree of integration from modest to most integrated.

Accountable Care Organization (ACO)

Medicare ACOs are groups of doctors, hospitals, and other providers who voluntarily work together to serve a specific geographic area under a structured agreement. The goals are to provide seamless high-quality care and reduce medical costs for people choosing traditional fee-for-service Medicare. If an ACO successfully provides quality care and achieves savings for the Medicare program, the ACO is rewarded with a portion of the savings. In this arrangement, the primary care physician works with Medicare providers, suppliers, and hospitals to connect an individual to appropriate care resources and ensure information is shared in real time to meet the individual's needs. To help facilitate coordination, Medicare shares certain health information with the ACO (e.g., medical

conditions, prescriptions, and doctor visits). Individuals are assigned to an ACO based on utilization of medical services, and should be notified in person or by letter. Physicians who are part of an ACO are also required to display a poster notifying patients of their participation. While individuals do not actively choose to enroll in an ACO, they do have a choice as to whether their health information is shared within the network of ACO providers. The benefit to the individual is seamless coordination of Medicare services with all providers having access to the same medical information, creating fewer burdens for the individual and caregiver. In California, there is no requirement for ACOs to coordinate with Medi-Cal services. Individuals involved in an ACO continue to have the same rights of traditional Medicare, including the right to choose any doctors and providers that accept Medicare.⁶⁻⁸ ACOs are available in all counties.⁹⁻¹¹

Medicare Advantage (MA)

An MA plan, also known as Medicare Part C, is a private health insurance company paid by Medicare to provide all covered Medicare benefits (Part A and B) for individuals who enroll in the plans. Most MA plans also offer prescription drug coverage (Part D). Some MA plans, such as health maintenance organizations (HMO) and preferred provider organizations (PPO), are referred to as “coordinated care plans” and seek to coordinate an individual’s health care needs within the health plans’ network of providers. For the purposes of this paper, references to MA are specifically focused on the HMO and PPO coordinated care plans, which are available in most counties.² People who have both Medicare and Medi-Cal can have an MA plan for their Medicare, and a Medi-Cal managed care plan for their Medi-Cal. This means they will be working with two different health plans, and the MA plan will only coordinate Medicare services.

Dual Eligible Special Needs Plan (D-SNP)

A D-SNP is a specific type of MA plan for dual eligible individuals. The health plan is responsible for providing all Medicare benefits (including prescription drug coverage), and providing or arranging for Medi-Cal-covered services to the extent required by the state. In California, D-SNPs do not provide LTSS, but they are responsible for ensuring that individuals receive all services covered under both Medicare and Medi-Cal. To do this, the plan assesses an individual’s needs and develops a care plan. A D-SNP may also offer enhanced benefits beyond what Medicare traditionally covers.¹²⁻¹⁴ D-SNPs are available in 31 counties.¹⁵ With this option, dually eligible individuals would have just one health plan for both Medicare and Medi-Cal, though it would not cover LTSS.

Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)

A FIDE SNP is an MA plan for dually eligible individuals, paid by both Medicare and Medi-Cal, that utilizes care coordination to improve the delivery of care for dually eligible individuals. To qualify, individuals must be certified to need nursing home care, but are living in the community. This health plan is different than a D-SNP because it integrates and coordinates all Medicare and Medi-Cal benefits, including LTSS, under one health plan.¹² A care coordinator is provided to help high-risk individuals navigate the delivery system. A FIDE SNP is available in three counties.^{16,17}

Cal MediConnect (CMC)

CMC health plans are like FIDE SNPs in most ways, but operate under separate authority within CMS. Health plans participating in CMC are paid by Medicare and Medi-Cal. CMC plans are responsible for providing all Medicare and Medi-Cal covered services, including LTSS. Individuals enrolled in a CMC health plan have the opportunity for services to be coordinated, meet with an inter-disciplinary care team, and receive optional benefits offered beyond what Medicare and Medi-Cal traditionally offer. Dually eligible individuals who do not choose a CMC plan must select a Medi-Cal Managed Care plan for their LTSS benefits, an arrangement known as managed LTSS (MLTSS).^{18,19} CMC plans and MLTSS are available in seven counties.²⁰

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

PACE is a managed care model, paid by both Medicare and Medi-Cal, to provide and coordinate all covered medical and LTSS. PACE serves individuals who are age 55 or older and certified to need nursing home care, but who are able to live safely in the community at the time of enrollment. A core component of this model is the use of an interdisciplinary team that assesses participants' needs, develops care plans, and delivers all services. PACE provides services primarily in a Community-Based Adult Services (CBAS) center (also known as an adult day health center),²¹ supplemented with other community-based services to meet the individual's needs. Individuals enrolled in PACE must see PACE-affiliated providers, and will likely need to give up their current primary care provider.²²⁻²⁴ PACE is available in 13 counties.¹⁵⁻²⁵

How can dually eligible beneficiaries participate in integrated care models?

Participation in the different integrated care models varies by type of health coverage, age, diagnosis, and level of functional need. Table 1 shows the required coverage and eligibility criteria to participate in each model, and whether individuals make enrollment decisions.

Table 1: Eligibility and Coverage Requirements

	<u>ACO</u>	<u>MA</u>	<u>D-SNP</u>	<u>FIDE SNP</u>	<u>CMC</u>	<u>PACE</u>
Required Coverage						
Medicare	X	X	X	X	X	X
Medi-Cal			X	X	X	X
Age						
	≥ 65 years < 65 years with certain disabilities All ages with End-Stage Renal Disease (varies by ACO type)	≥ 65 years < 65 years with certain disabilities	≥ 65 years < 65 years with certain disabilities	≥ 65 years	≥ 65 years Person with a disability older than age 21	≥ 55 years
Level of Need						
		Varies by plan		Need nursing home level of care Live in the community		Need nursing home level of care Live in the community
Choice to Enroll						
	No	Yes	Yes	Yes	Yes	Yes
ACO = Accountable Care Organization CMC = Cal MediConnect D-SNP = Dual Eligible Special Needs Plan MA = Medicare Advantage			MLTSS - Medi-Cal managed long-term services & supports PACE = Program of All-Inclusive Care for the Elderly FIDE SNP = Fully Integrated Dual Eligible Special Needs Plan			

What services are provided?

Each of the integrated care models vary in the compilation of services provided. This variation is influenced by type of coverage (particularly whether Medi-Cal services are or are not included in the model), program structure, and needs of the population served. Some integrated models provide services through a variety of network providers within the community, whereas others, like PACE programs, provide services through an onsite location. Understanding the type of services provided can help individuals select the model that best meets their needs.*

Table 2A: Core Services in Integrated Care Models and Basic Coverage for Dually Eligible Beneficiaries

	Integrated Care Models for Duals, by Degree						Basic Coverage	
	Modest		Moderate	Most			Medicare (with Part D)	Medi-Cal (with MLTSS [†])
	ACO	MA	D-SNP	FIDE-SNP	CMC	PACE		
Medical Services								
Doctor visits	X	X	X	X	X	X	X	X
Hospital care	X	X	X	X	X	X	X	X
Behavioral health		X	X	X	X	X	X	X
Prescription drugs	X	X	X	X	X	X	X	X
Outpatient rehabilitation (e.g., physical, occupational, speech therapies)	X	X	X	X	X	X	X	X
Medical equipment	X	X	X	X	X	X	X	X
Short-term nursing facility care	X	X	X	X	X	X	X	X
Home health care	X	X	X	X	X	X	X	X
Non-emergency medical transportation				X	X	X		X
Hospice						Similar services	X	X
Supplemental Services								
Vision				X	X	X		≥21 years, exams only
Dental				X	X	X		X
Hearing aids				X	X			X
Non-medical transportation					X			Beginning July 2017
Other (e.g., meals, respite, home maintenance)			X	X	X	X		X

* Tables 2A and 2B are not comprehensive lists. For more information, individuals can contact specific health plans or providers for clarification of benefit/service details.

Table 2B: LTSS and Care Coordination Available in Integrated Care Models and Basic Coverage for Dually Eligible Beneficiaries

	Integrated Care Models for Duals, by Degree						Basic Coverage	
	Modest		Moderate	Most			Medicare (with Part D)	Medi-Cal (with MLTSS [†])
	ACO	MA	D-SNP	FIDE-SNP	CMC	PACE		
Long-Term Services and Supports								
Long-term nursing facility care				X	X	X		X
Community-Based Adult Services / Adult day health care				X	X	X		X
In-Home Supportive Services					X [§]			X
Multipurpose Senior Services Program ^{**}					X			X
Personal care services (agency-based)				X		X		
Care Coordination								
A network of providers working together								
• Medical	X	X	X	X	X	X		
• Behavioral Health					X	X		
• LTSS				X	X	X		X ⁺⁺
Inter-disciplinary care team			X	X	X	X		
Personal care coordinator and/or care manager ^{**}			X	X	X	X		
Review of health care/support needs; development of a personalized, goal-oriented care plan	X		X	X	X	X		X ⁺⁺
Data shared across provider network	X				X	X		

[†] MLTSS is only available in seven counties. See Table 3 for listing of counties. In all other counties, Medi-Cal funded LTSS is available through fee-for-service Medi-Cal.

[§] Available as part of CMC through December 31, 2017, after which these services will be available as a Medi-Cal benefit.

^{**} Multipurpose Senior Services Program provides care management and purchased home-and community-based services as a waiver program with limited capacity operating under waitlists in most counties.

⁺⁺ Only available through MLTSS.

⁺⁺ Care management services are available to individuals with high-needs. Other care models may provide care management services, but availability varies by health entity.

Whole Person Care (WPC)

Beyond integrated care models, many California counties are implementing WPC in order to coordinate health, behavioral health, and social services for specified populations with high levels of health care and social support needs. WPC is a Medi-Cal initiative, whereas most of the options discussed above are Medicare-based options. As such, the primary focus is on Medi-Cal beneficiaries, including people who are dually eligible. Generally, WPC pilots support activities, such as:

- building infrastructure to integrate services among local entities that serve the target population;
- providing services not otherwise covered or directly reimbursed by Medi-Cal to improve care for the target population, such as housing components; and
- implementing strategies to improve integration, reduce unnecessary utilization of health care services, and improve overall health outcomes.

Individuals participating in other integrated care models can opt-in to a WPC pilot once noticed by a participating health plan. They will then receive support that augments what their health plan already delivers. This could include services such as a care coordinator to help navigate between systems of care (e.g., health, behavioral health, LTSS), or support in finding affordable housing. The additional support will vary depending on how the pilot has been designed.²⁷

Where in California are integrated care models located?

Depending on where a person lives, they may have a choice of integrated care models. While Medicare and Medi-Cal are available in all counties, presence of integrated care models varies by county. This can create challenges for individuals in understanding the available choices and how they can participate in the best model for them. Table 3 shows which integrated care models are offered in each of California's 58 counties as of May 2017.^{9-11,15-17,20,25,28,29}

Table 3: Integrated Care Model Availability by County

	Integrated Care Models for Duals, by Degree						Medi-Cal Initiatives	
	ACO	MA	D-SNP	FIDE-SNP	CMC	PACE	Medi-Cal +MLTSS	Medi-Cal + WPC
County								
Alameda	X	X	X			X		X
Alpine	X							
Amador	X	X	X					
Butte	X							
Calaveras	X	X						
Colusa	X	X						
Contra Costa	X	X	X			X		X
Del Norte	X	X						
El Dorado	X	X	X					
Fresno	X	X	X			X		
Glenn	X							
Humboldt	X	X				X		
Imperial	X	X	X					
Inyo	X							
Kern	X	X	X					X
Kings	X	X	X					
Lake	X							
Lassen	X							
Los Angeles	X	X	X	X	X	X	X	X
Madera	X	X	X					
Marin	X	X	X					
Mariposa	X	X	X					
Mendocino	X					X		
Merced	X	X						
Modoc	X	X						
Mono	X							
Monterey	X	X						X
Napa	X	X	X					X
Nevada	X	X						
Orange	X	X	X		X	X	X	X
Placer	X	X	X					X
Plumas	X	X						

	Integrated Care Models for Duals, by Degree						Medi-Cal Initiatives	
	ACO	MA	D-SNP	FIDE-SNP	CMC	PACE	Medi-Cal +MLTSS	Medi-Cal + WPC
Riverside	X	X	X	X	X	X	X	X
Sacramento	X	X	X			X		
San Benito	X	X						
San Bernardino	X	X	X	X	X	X	X	X
San Diego	X	X	X		X	X	X	X
San Francisco	X	X	X			X		X
San Joaquin	X	X	X					X
San Louis Obispo	X	X						
San Mateo	X	X	X		X		X	X
Santa Barbara	X	X						
Santa Clara	X	X	X		X	X	X	X
Santa Cruz	X							
Shasta	X							X
Sierra	X							
Siskiyou	X	X						
Solano	X	X	X					X
Sonoma	X	X	X					
Stanislaus	X	X	X					
Sutter	X	X	X					
Tehama	X							
Trinity	X	X						
Tulare	X	X	X					
Tuolumne	X							
Ventura	X	X	X					X
Yolo	X	X	X					
Yuba	X	X	X					

ACO - Accountable Care Organization
 CMC - Cal MediConnect MA -
 D-SNP - Dual Eligible Special Needs Plan
 MA - Medicare Advantage

MLTSS - Medi-Cal managed long-term services & supports
 PACE - Program of All-Inclusive Care for the Elderly
 FIDE SNP - Fully Integrated Dual Eligible Special Needs Plan
 WPC - Whole Person Care

Conclusion

In an ideal system, dually eligible individuals should be able to access a full range of services and supports according to their needs, desires, and preferences. Yet, many individuals are either unaware of or left confused by the range of options, and thus unable to access what they need. Selecting the health care model that best meets a person's needs may require consideration of other factors, such as services available and the level to which there is help to navigate those services. This brief is a first step in organizing information to help people who are eligible for both Medicare and Medi-Cal consider their options in order to access needed care and supports.

The information in this brief is a snapshot in time of an evolving system of care. As programs change, this document will be updated. The SCAN Foundation welcomes your feedback to reflect the information most important to dually eligible individuals as they consider their available options. Please email Megan Burke at MBurke@TheSCANFoundation.org with any comments and/or feedback.

Glossary

Care Coordination - A team of health care professionals (i.e., primary care doctor, specialists, nurses, social workers) work together to help individuals get the services they need.³⁰

Community-Based Adults Services (CBAS) - CBAS is a benefit available to eligible Medi-Cal beneficiaries enrolled in Medi-Cal Managed Care. CBAS programs are licensed community-based day care programs providing a variety of health, therapeutic, and social services. Formerly known as "Adult Day Health Care."²¹

Fee-for-service - A payment system by which a doctor, hospital, or other health care provider is reimbursed a specific amount for each service performed after a claim is submitted.³¹

Home Health Care - Skilled health care and personal health aide services provided in the home on a part-time basis for the treatment of an illness or injury.³¹

In-Home Supportive Services (IHSS) - IHSS provides in-home assistance to low-income adults who are over 65 years of age, blind, or disabled, and to children who are blind or disabled. Qualified recipients receive assistance with daily tasks, including bathing, dressing, cooking, cleaning, grooming, and feeding. The individual directs his/her services by deciding how, when, and in what manner IHSS services will be provided.³²

[Integrated care models](#) - Models of care that integrate or coordinate a range of primary and acute care, behavioral health services, and long-term services and supports within and/or between Medicare and Medicaid. More comprehensive levels of integration could also include alignment of administrative policies and procedures, including beneficiary materials and enrollment processes.³⁶

[Long-term services and supports \(LTSS\)](#) - Assistance or supervision with activities that most people perform on a daily basis, include bathing, dressing, eating, toileting, walking.³¹

[Managed care](#) - A payment system where health care services are provided through established networks of organized systems of care.³³

[Medicare](#) - A federally-sponsored health insurance program for people age 65 and older; people younger than 65 with a disability; people diagnosed with amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease; and those with end-stage renal disease (ESRD). Medicare provides coverage for hospital care (Part A), medical services (Part B) and prescription drugs (Part D).²

[Medicare Advantage](#) - Offers beneficiaries the option of receiving their Medicare benefits through private health plans (Medicare Part C).²

[Medi-Cal](#) - California's Medicaid program that provides health coverage to people with low-income and asset levels who meet certain eligibility requirements.⁵

[Multipurpose Senior Services Program \(MSSP\)](#) - MSSP is a Medi-Cal waiver program that provides care management, adult day care, housing assistance, chore and personal care services (if the individual has used the allocated IHSS service hours), protective supervision, respite, transportation, meal services, social services and communication services for Medi-Cal eligible individuals who are age 65 and older and disabled as an alternative to nursing facility placement.³⁴

[Non-Emergency Medical Transportation](#) - Transportation to medical services using a non-emergency mode of transportation (e.g., wheelchair van).¹⁸

[Non-Medical Transportation](#) - Transportation to medical services using non-medical mode of transportation (e.g., taxi, shuttle, personal car).¹⁸

[Nursing facility level of care](#) - Medi-Cal beneficiaries who do not require the full range of hospital care, but have medically acute needs requiring continuous skilled nursing care (i.e., assessment, supervision, and medical procedures) and/or other services that require specialized training (i.e., therapies).³⁵

Personal care services - Services which include assistance with housecleaning, meal preparation, laundry, grocery shopping, personal care (e.g., bathing, grooming, and paramedical services). These services can be provided through a home care agency or be self-directed like the IHSS program.

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