



# **The Coordinated Care Initiative: What Have We Learned and Where Will It Go?**

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in Health Innovation**

**@TheSCANFndtn | #LTSSsummit**

# Evaluation of Cal MediConnect

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# The Coordinated Care Initiative:

## California's Dual Financial Alignment Demonstration

- California is one of 13 states implementing CMS dual financial alignment demonstrations: [www.calduals.org](http://www.calduals.org)
- By January 2018, over 112,989 dually eligible beneficiaries enrolled in “Cal MediConnect” Health Plans in 7 demonstration counties
- About half of eligible beneficiaries “opted out” of the program
- Enrolled beneficiaries have all Medicare and Medi-Cal services through one plan, one card, one number to call

# Features of Cal MediConnect

- **Integrated Medicare and Medi-Cal benefits**
- **Care coordination:**
  - Health Risk Assessments
  - Individualized Care Plans
  - Interdisciplinary Care Teams
- **Managed long-term services and supports:**
  - Skilled nursing & rehabilitation
  - In-Home Supportive Services (IHSS)
  - Non-Emergency Medical Transportation

# CMC Evaluation Methodology

- **AIM 1: Participatory Evaluation Approach**
  - Engagement with stakeholders and policy makers at all phases (Design -> interpretation of results)
- **AIM 2: Health System Response Study**
  - Over 90 key informant interviews with providers, policymakers and stakeholders examining the impact of CMC on health system, challenges and promising practices.
- **AIM 3: Assess Beneficiaries' Experiences with Cal MediConnect**
  - 14 Focus groups (N=119) to assess early experiences with CMC
  - Post-enrollment telephone survey with beneficiaries to assess changing experiences over time (N=2,100)

# Post Enrollment Telephone Survey with Dually Eligible Beneficiaries

	<b>Time 1 (2016)</b>	<b>Time 2 (2017)</b>	<b>Retention rate</b>
CMC	744 (35%)	488 (38%)	66%
Opt-out	659 (31%)	330 (26%)	50%
Non-CCI	736 (34%)	473 (37%)	64%
Total	2,139 (100%)	1,291 (100%)	60%

\* 78 beneficiaries re-enrolled in CMC after opting out

\* 17 beneficiaries dis-enrolled from CMC

# CMC Evaluation Topics Presented Today

1. Overall Satisfaction and Quality
2. Access to Care in CMC
3. Care Coordination
4. Managed Long-Term Services  
and Supports

# Beneficiary Ratings of Satisfaction and Quality of Care

- Overall satisfaction with benefits in CMC increased from 89% at T1 to 94% at T2
- Ratings of “excellent or good” quality of care increased for CMC members from 84% to 87% at T2
- While 50% initially opted out, few changed plans or disenrolled (>1%), while 4% re-enrolled in CMC



# Access to Care in CMC

- About a quarter of beneficiaries said that their access to various services was better after switching to CMC
- About three-quarters in CMC report it was easy to get prescription Rx, specialty care apts, and behavioral health.
- Emergency Department visits decreased for CMC beneficiaries between T1 and T2

# Access Problems Remain

- **At T2, 48% of Durable Medical Equipment users still have unmet needs**
- **1 in 5 CMC beneficiaries continue to report delays or disruptions in care at T2, especially those...**
  - who used specialty care (compared to non users),
  - with functional impairment,
  - with LTSS needs,
  - who had no care coordination (compared with CMC care coordination)

# Innovations in CMC Care Coordination

- **Great deal of innovation and variation across counties and CMC plans...**
  - Satellite offices to make care coordination more local
  - One “prime contact” vs. team approach
  - Transitional care programs: hospital or SNF to community
  - Specialized care coordinators (IHSS, Behavioral health, LTC residents, people with dementia)
  - Non-credentialed care coordinators as “extender” of RN or SW, often bilingual
- **Providers and CMC plans agreed that Interdisciplinary Care Teams were very effective in coordinating across agencies**

# Care Coordination through CMC

- About 31% of CMC members said they had a care coordinator from the plan
- Of those who have it, 96% are very or somewhat satisfied
- Care coordination from CMC was associated with reduced unmet need for LTSS
- No significant predictors of getting CMC care coordination

# Care Coordination Unmet Need

- **Overall, 23% of CMC beneficiaries said they could use more care coordination**
- **Who is more likely to have an unmet need for care coordination?**
  - Males
  - Those using specialty care
  - Those with fair or poor health
  - Those with disabilities and LTSS needs
  - Those with no care coordinator (compared with having CMC coordinator)

# Duals needing LTSS still face barriers

- Despite the evidence that CMC increased IHSS hours and reduced unmet need for personal care, barriers remain...
- CMC beneficiaries who need LTSS are less satisfied overall with benefits.
- Unmet need for LTSS remains very high (42%) and is still 37% among those who have IHSS
- Delays in care are more prevalent among LTSS users (34% compared to 5% for those with no disability)
- Adverse consequences of unmet LTSS need are prevalent

# Policy Changes in Response to Evaluation

- Revised health risk assessment that now includes 10 mandatory question on LTSS need
- Unlimited non-emergency transportation from CMC plans
- Extension of Continuity of Care provisions from 6 to 12 months.
- A revised, clearer CMC Beneficiary Toolkit
- CMS revised rules on Care Coordination through Medicare managed care plans (Chronic Care Act 2018)
- New CHIS module will include questions on LTSS need

# Recent Publications

**For Health & Healthcare in California: Health Affairs special issue:**

Graham, C. Liu, P., Hollister, B., Kaye, S., Harrington, C.

[Beneficiaries Respond to California's Program to Integrate Medicare, Medicaid, and Long-Term Services and Supports.](#)

Health Affairs, September 4, 2018.

[www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2018.0452](http://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2018.0452)

**For latest CMC Polling report and other evaluation briefs:**

[www.thescanfoundation.org/our-goals/medicare-medicaid-integration](http://www.thescanfoundation.org/our-goals/medicare-medicaid-integration)

For questions, contact: Carrie Graham [clgraham@berkeley.edu](mailto:clgraham@berkeley.edu)



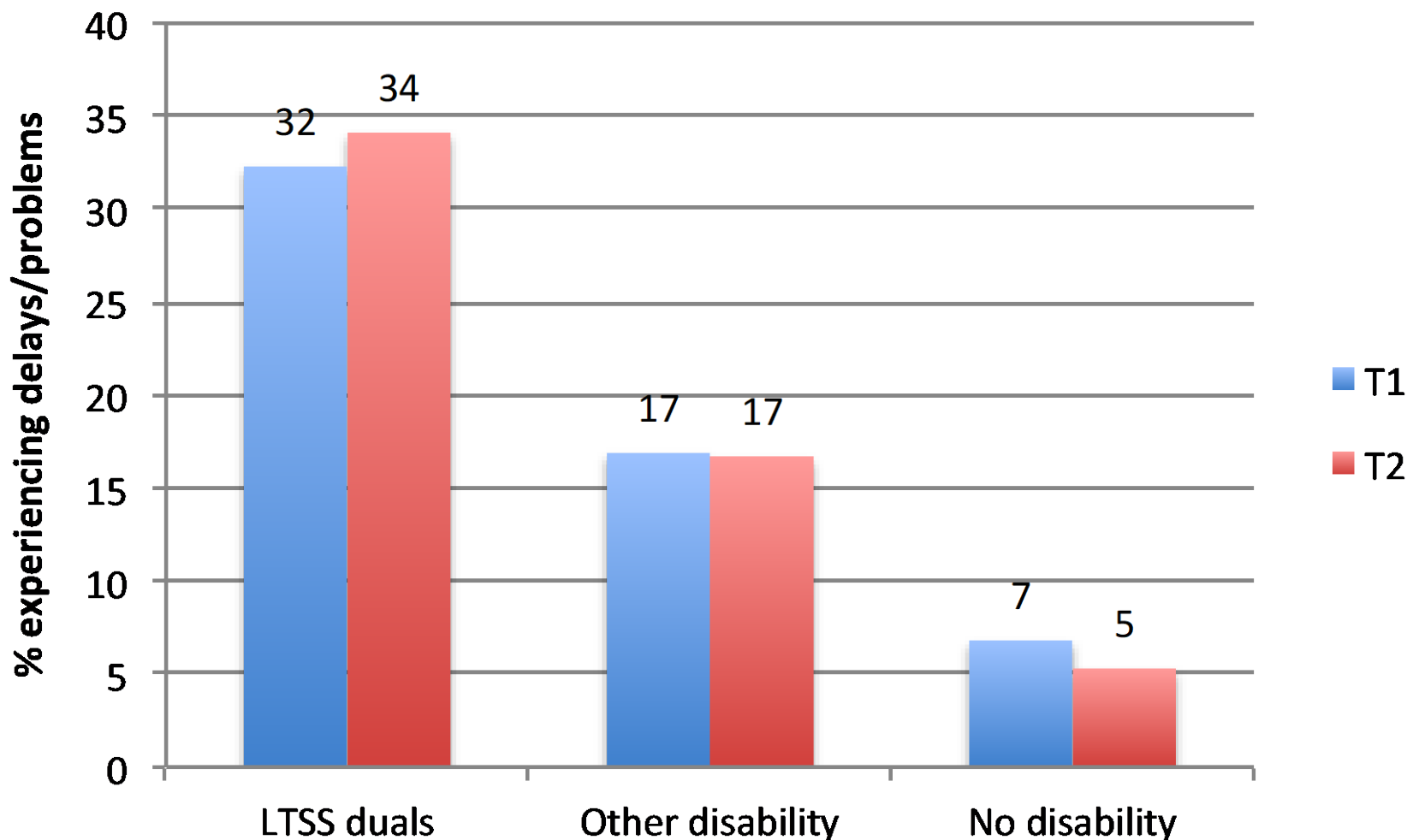
# Key Findings (1)

1. Satisfaction with CMC continues to increase over time, except for people with unmet LTSS needs
2. Fewer ER visits for CMC members at T2
3. Access to DMEs should be looked at more closely
4. CMC Care Coordination is working well for those who receive it, and is reducing some negative outcomes... but there is still work to be done to identify the beneficiaries who need it most.

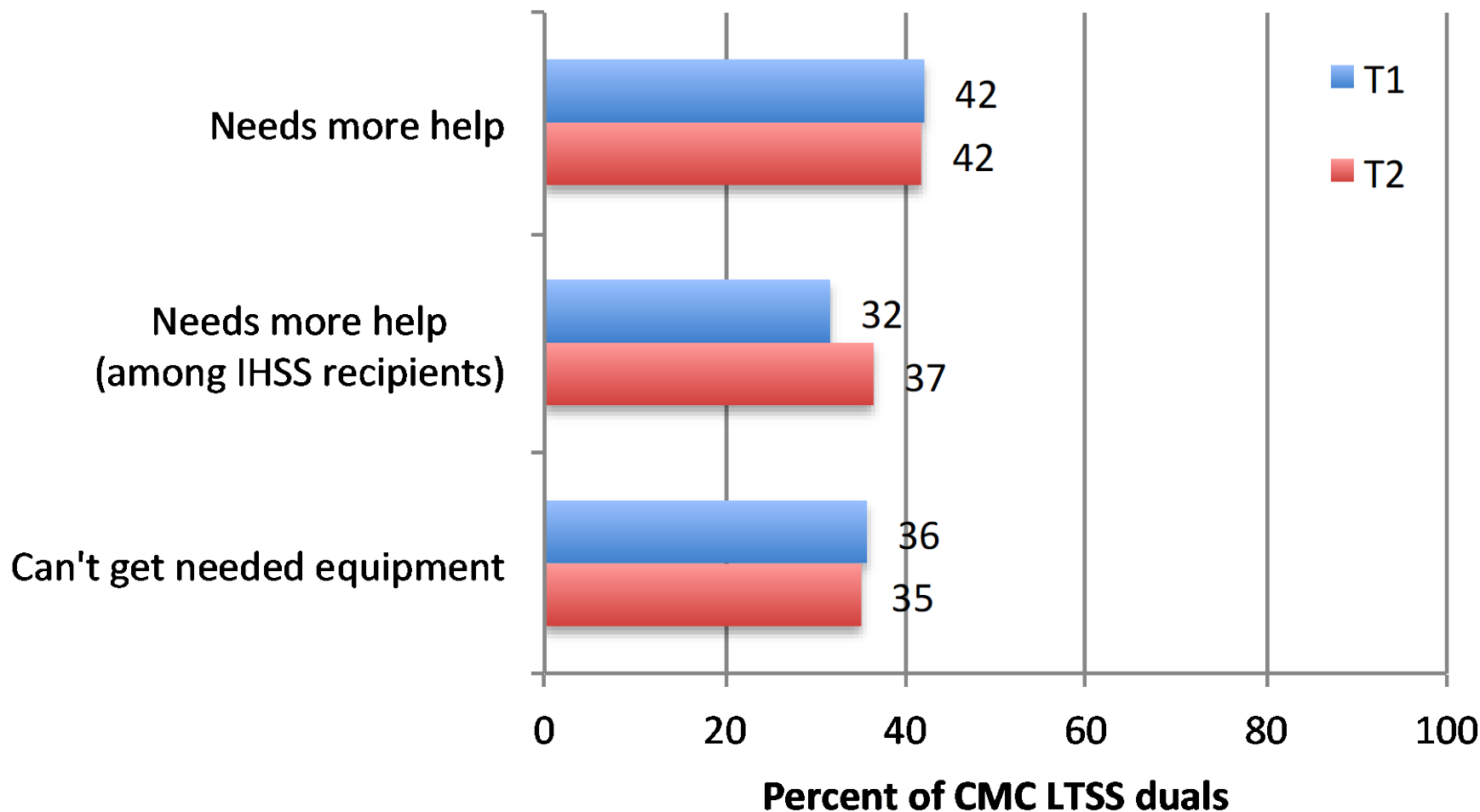
# Key Findings (2)

5. Those with unmet need for LTSS (personal care, routine care & DME) should be targeted by health plans for additional assistance.
6. Robust IHSS is protective against adverse outcomes, and CMC involvement/advocacy has been effective in getting members increased hours.
7. CMC involvement (care coordination, outreach to helpers and home modification) are promising practices that reduce unmet needs and adverse outcomes.

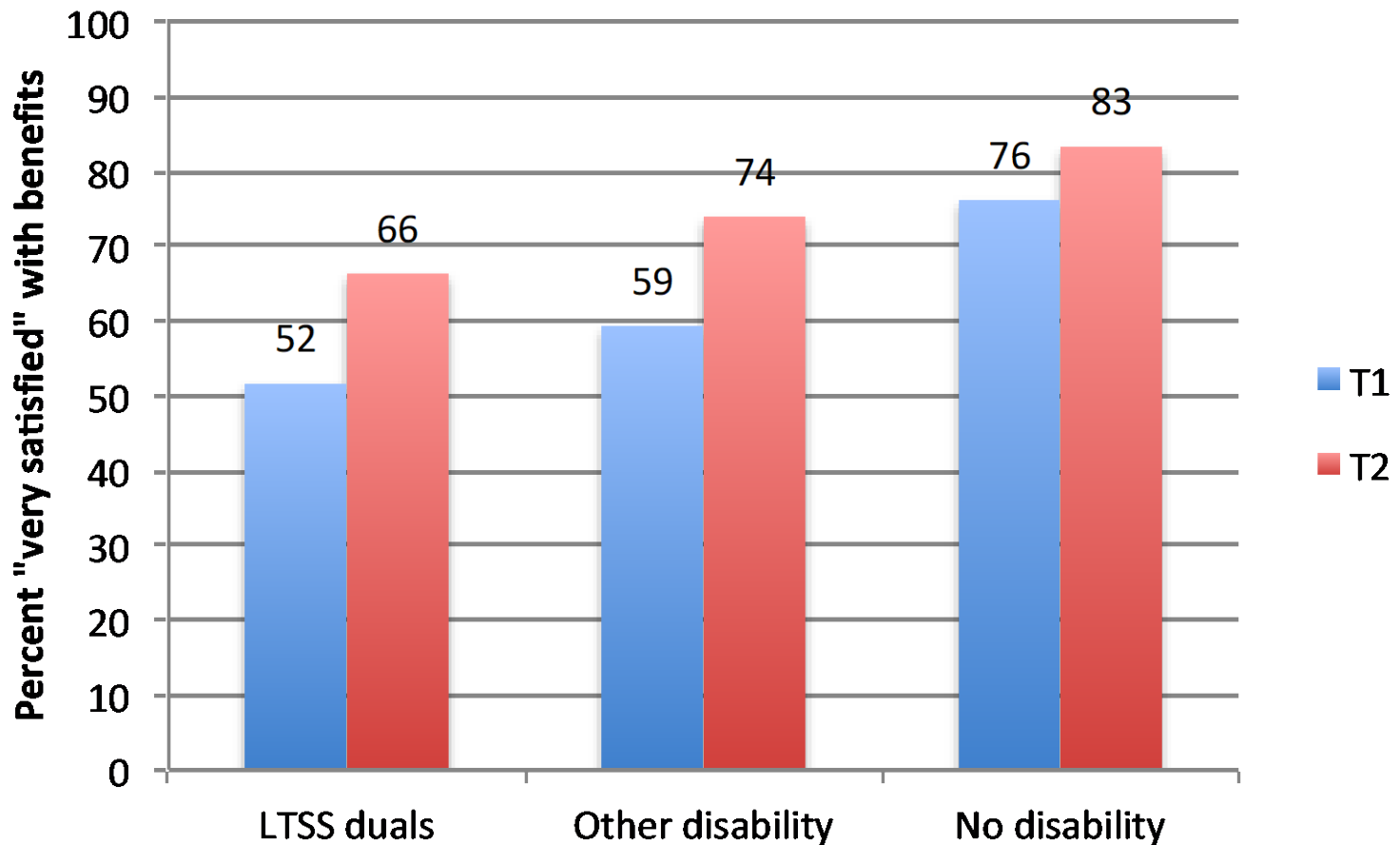
# More healthcare delays/problems for CMC LTSS duals



# Unmet needs remain high among LTSS Duals

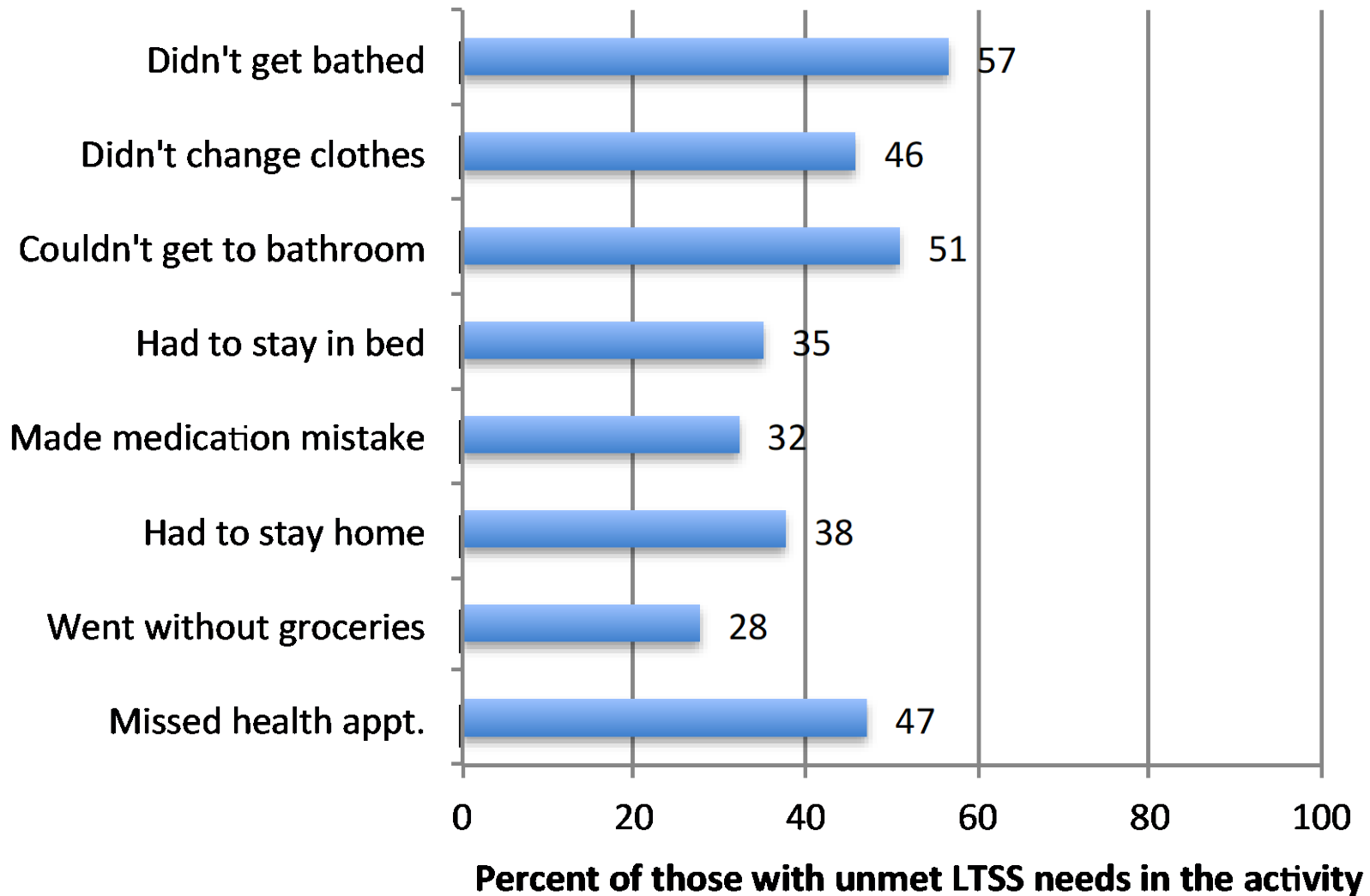


# LTSS duals remain less satisfied with CMC benefits



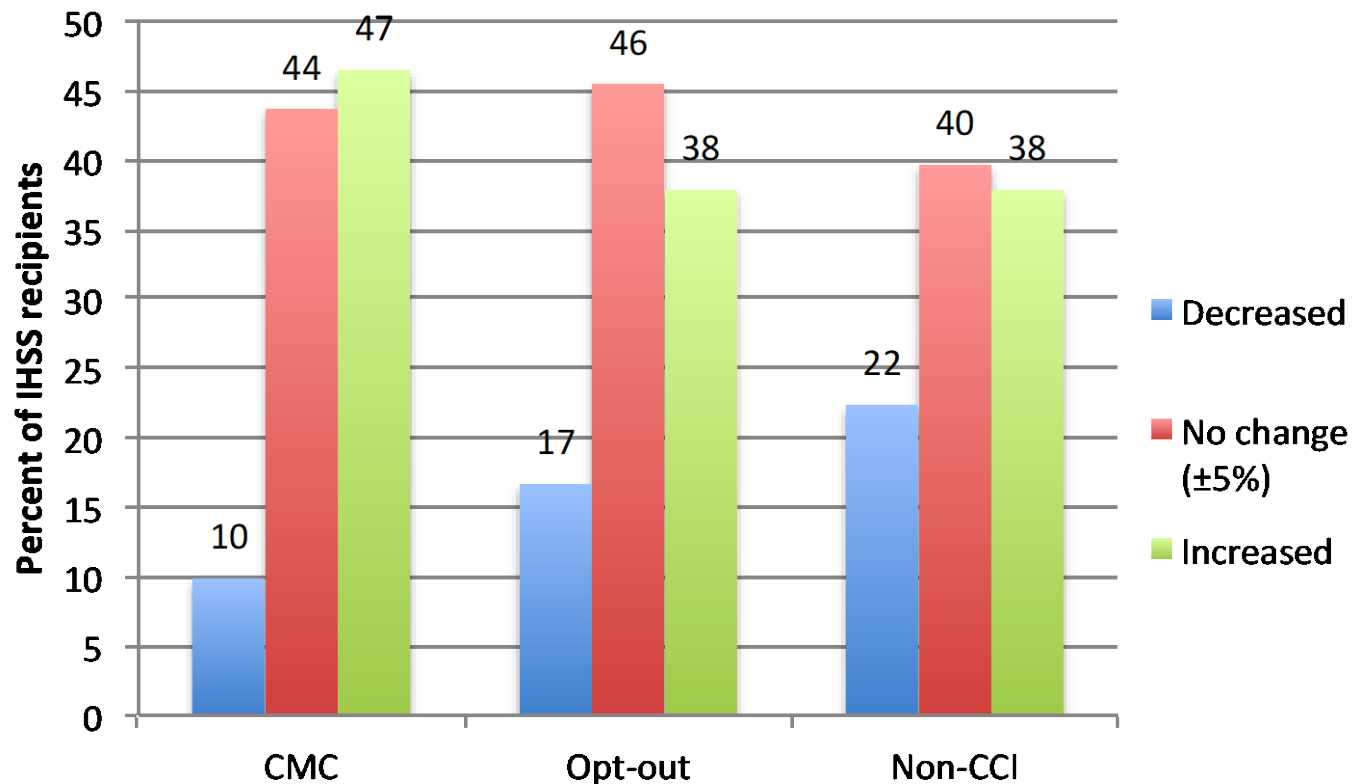
\* In fact, unmet LTSS need was the primary predictor of lower satisfaction with benefits at T2

# Unmet LTSS need often leads to adverse outcomes

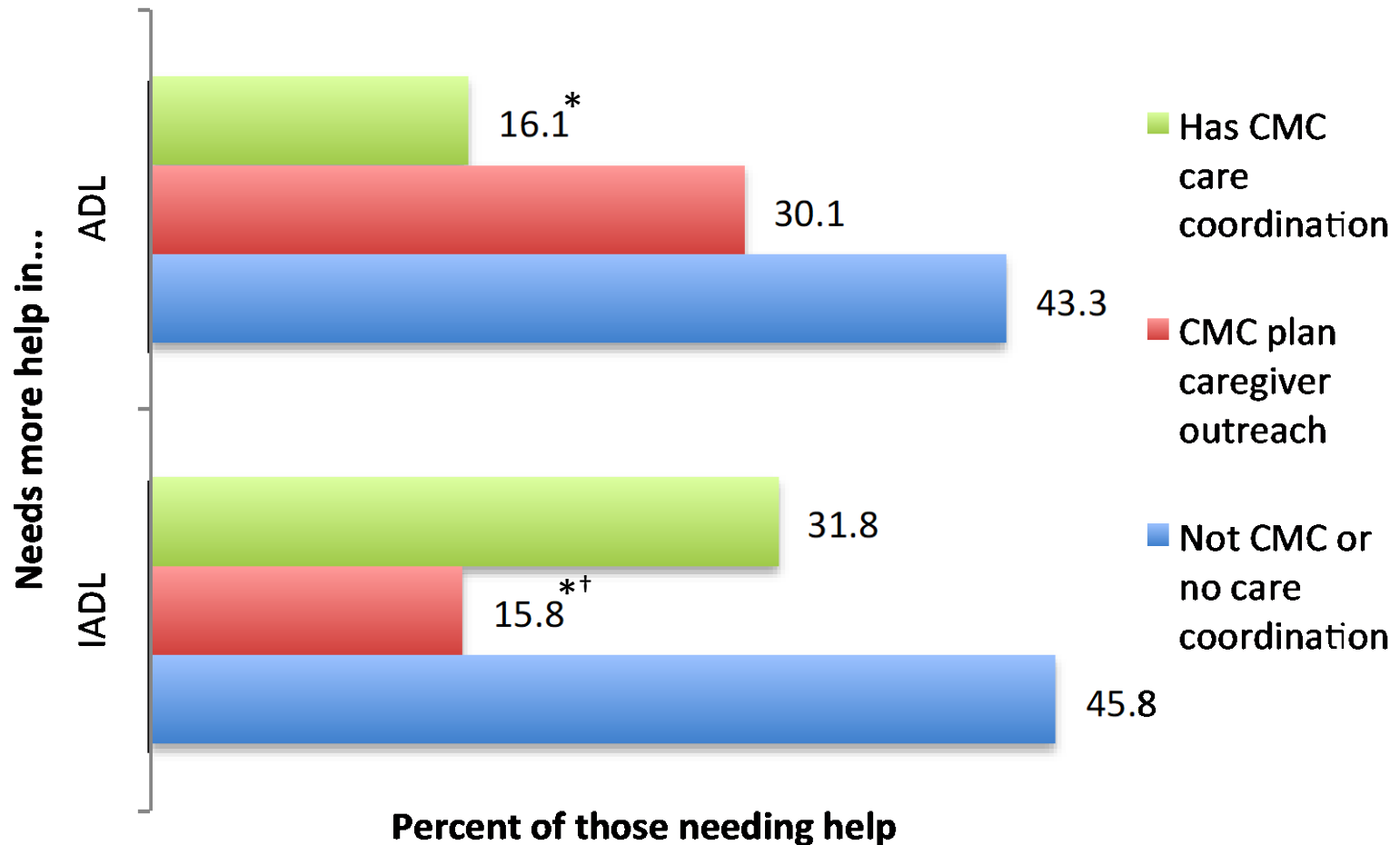


# Are CMC plans helping members get IHSS or increase their hours?

- 52% getting IHSS at T1 vs. 55% at T2 (not significant)
- IHSS hours increased significantly for CMC members only:  
Median 74 hours at T1 up to 89 hours at T2



# CMC care coordination & outreach to caregivers reduces unmet LTSS need



\*Reduction is statistically significant

†Estimate has high uncertainty due to small sample size





CHAPMAN  
CONSULTING

# The SCAN Foundation LTSS Summit 2018

The Coordinated Care  
Initiative 2.0

September 27, 2018



## One Year Extension

Alignment with the  
1115 Waiver

No proposed program  
or policy changes in  
the extension

“CCI 2.0” delayed  
until 2021



## CCI 2.0 TIMELINE

Extension  
Approval  
Fall 2018

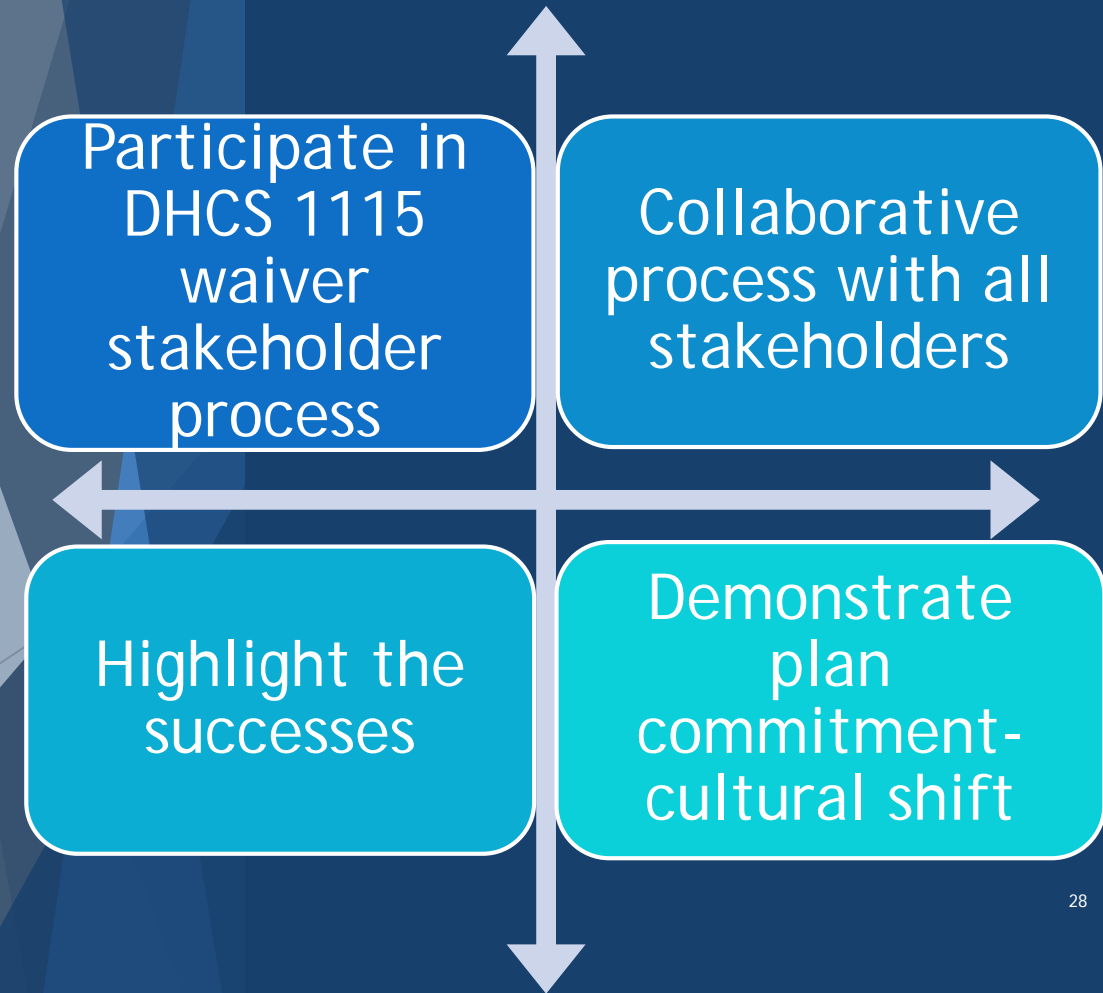
CCI 2.0  
Development  
Winter 2019-  
Fall 2020

Approval for  
CMC  
Continuation  
Fall 2019

Waiver  
Implementation  
January 2021



## Stakeholder Process





# Key Areas-Program Improvements

## Sustainability

- Strategies to increase CMC enrollment
- Updates to rate structure- in-lieu of services

## Care Coordination

- Behavioral Health
- MLTSS- including improved IHSS coordination

## Quality and Data

- Transitions
- Build on successes



## Next Steps



SUPPORT  
ONE-YEAR  
EXTENSION



BUILD  
CONSENSUS



ADVOCATE FOR  
SUSTAINABILITY



PROGRAM  
IMPROVEMENTS



VALUE



ALIGN  
WITH 1115  
<sup>30</sup>  
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# What's Next for the Duals Demonstrations?

2018 California Summit on LTSS | September 2018

Marc Cohen, PhD

*Research Director, Center for Consumer Engagement in Health Innovation*

*Co-Director, LeadingAge LTSS Center @ UMass Boston*



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healthinnovation.org



# About the Center

## Our Mission

- Bring the experience of consumers to the forefront of health innovation

## Our Focus

- People with complex health and social needs

## Our Work

- State and local advocacy
- Policy and research
- Training and education



Building  
consumer  
leadership



Improving  
health systems



Engaging  
policymakers



Conducting  
research

# Who are Medicare-Medicaid Enrollees?



- During 2016, **11.7 million** enrolled in both Medicare and Medicaid, of those:
  - 2/3 have three or more **chronic conditions**
  - 41% have a **mental health diagnosis**
  - 50% use **LTSS**
  - 20% report **poor health**

# Who are Medicare-Medicaid Enrollees?



**OLIVIA**



**JANE**



**DENNIS**



**SHERMAN**

# Why were the FADs introduced?

Demonstrations are meant to address the financial misalignment between Medicare and Medicaid in order to better **coordinate** and **integrate** care between the two programs.



By Frits Ahlefeldt

# Potential Benefits and Risks



## **Benefits**

Broaden the basket of services  
Improve quality and coordination  
Aligning incentives

## **Risks**

Limit services  
Disrupt care  
Over-medicalization of LTSS



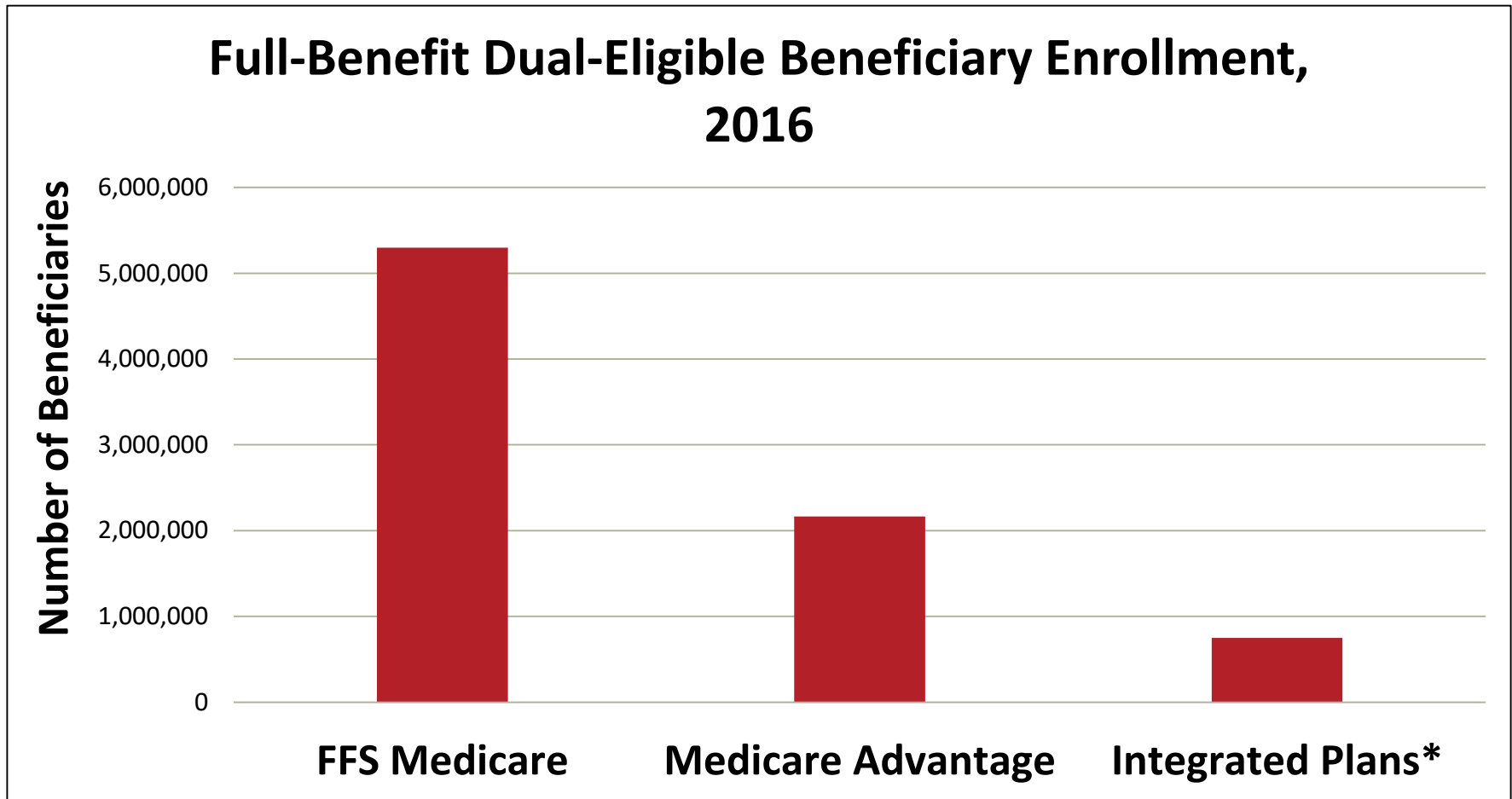


# Contract End Dates



2017	2018	2019	2020
Virginia	South Carolina	California Illinois New York* Ohio	Massachusetts New York* Rhode Island Texas
*New York 2019 – FIDA; New York 2020 (FIDA-DD)			

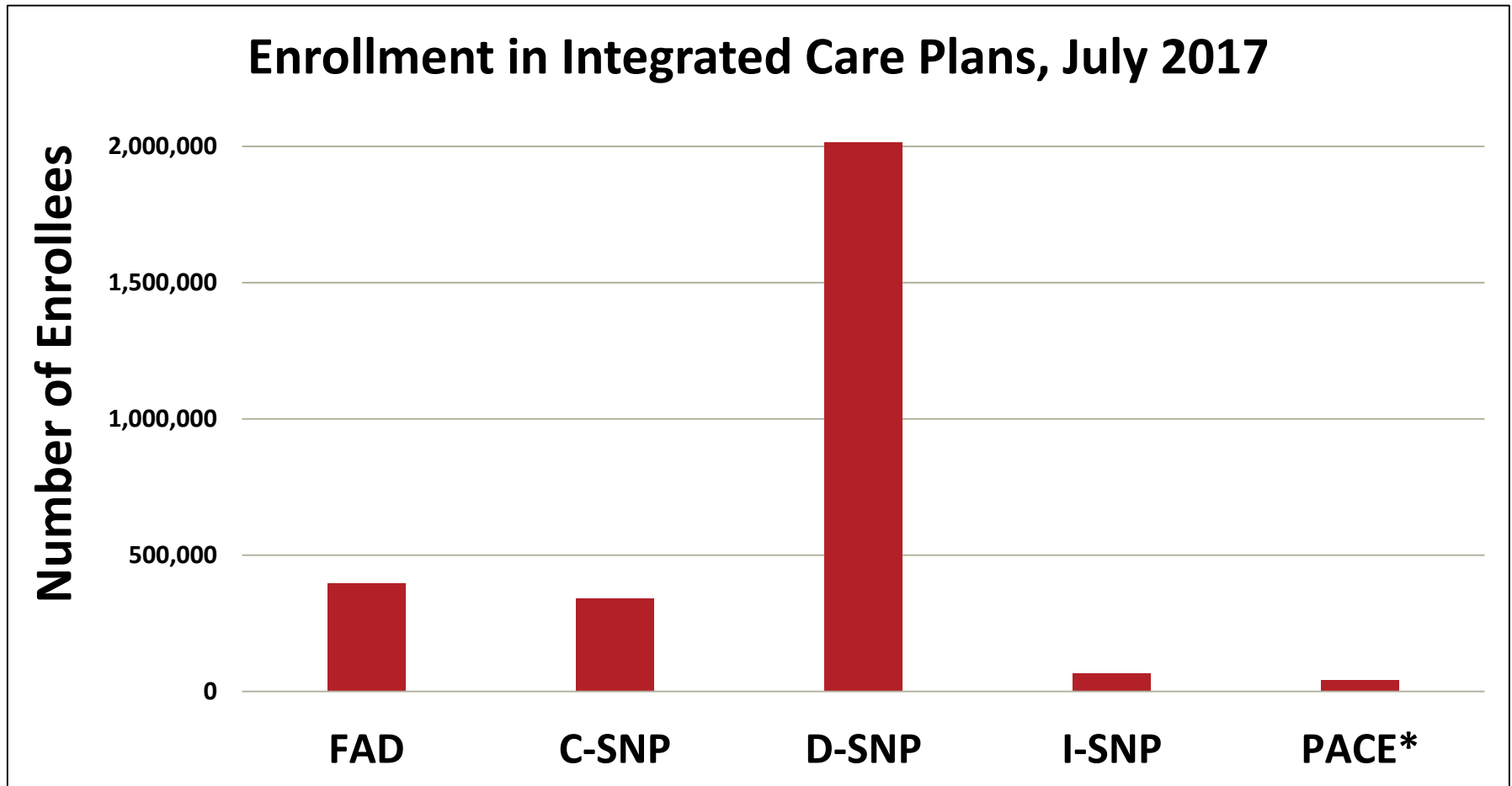
# FADs and the Landscape of Care for Dual-Eligible Beneficiaries



\*As of March 2017



# FADs and the Landscape of Care for Dual-Eligible Beneficiaries





**\* As of July 2018**

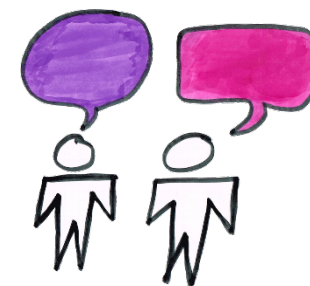
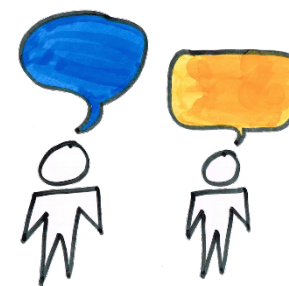
# Integrated Plans



- FAD – Financial Alignment Demonstrations
- SNPs – Special Needs Plan, a Medicare Advantage Coordinated Care Plan
  - C-SNP – Chronic Condition SNP
  - D-SNP – Dual Eligible SNP
  - I-SNP – Institutional SNP
- PACE – Programs of All-Inclusive Care for the Elderly

# Preliminary Findings

-  inpatient care and emergency room visits
-  community-based LTSS
- CAHPS results show improvements in:
  - Overall health care quality
  - Getting appointments and care quickly
  - Customer service
  - Getting needed prescription drugs
- Focus groups show positive changes as well as challenges.



# Examples of Innovation

VNSNY CHOICE Health Plan (NY) – works with the city’s housing authority to support members transitioning out of hospitals or nursing facilities, changing housing settings, or require accessibility modifications

Commonwealth Care Alliance (MA) – developed a Mobile Integrated Health Program to allow paramedics to address members’ urgent care needs right in their own homes

Neighborhood Health Plan (RI) – uses an enhanced MLTSS care management model to help members access community services and reduce reliance on hospitals and institutional care



# Issues to Watch

- Enrollment
- Consumer engagement
- Intersection with new models of care



# Enrollment

Beginning **January 1, 2019**, dual-eligible beneficiaries will **no longer be able to change plans** throughout the year. A **limited special enrollment period (SEP)** will be put into place.



# Consumer Engagement

- Consumer engagement critical for this population
- Demos had structures for consumer engagement
  - State level councils
  - Plan level consumer advisory committees
- Additional efforts to build feedback loops for consumer input
  - Serves as “early warning” as system transitions



# New Models of Care



ACOs

PACE

Rx

MLTSS

SNPs

Medicare



# Crystal Ball Prediction

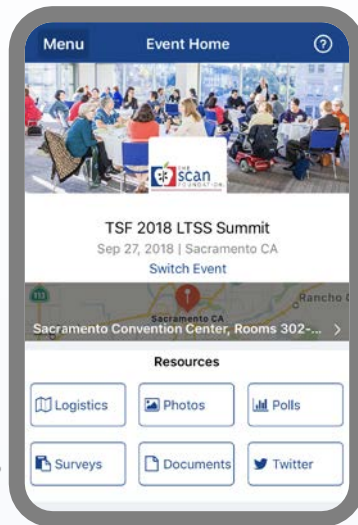


# **THANK YOU**

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# Let us know how we did!



Select "Surveys" from  
WHOVA home screen

**2017 CALIFORNIA SUMMIT ON LONG-TERM SERVICES & SUPPORTS**  
Evaluation Form

1. What are the three most important takeaways from this year's Summit?  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

2. Please rate your overall satisfaction with the plenary sessions:

Morning Keynotes

<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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Morning Panel – The Federal and State LTSS Policy Environment: Threats, Challenges, and Opportunities

<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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Afternoon Plenary – Pick up the Pace, California

<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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Closing Keynote

<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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General comments about the plenary sessions:  
\_\_\_\_\_  
\_\_\_\_\_

3. Please indicate the morning and afternoon concurrent sessions you attended:

Morning Sessions & Workshops

<input type="checkbox"/> Social Media Boot Camp
<input type="checkbox"/> Maximizing Your Influence: tips for Nonprofit Advocates
<input type="checkbox"/> Cal MediConnect at Three Years
<input type="checkbox"/> Gadgets or Godsend: Leveraging Technology to Galvanize the Care experience
<input type="checkbox"/> Person-Centered Care Implementation: What? Where? How?

Look for a printed evaluation  
form in your program