

California's Duals Demonstration: Cal MediConnect

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*Cal*MediConnect

Cal MediConnect: Integrating Medicare and Medi-Cal in California

- **What:** Three-year demonstration program for coordinated Medicare and Medi-Cal benefits through a single organized delivery system.
- **Who:** About 456,000 full benefit dual eligibles
- **Where:** Eight counties
- **When:** Starting January 2014
- **How:** Passive enrollment; option to “opt out” for coordinating Medicare benefits but mandatory enrollment into Medi-Cal managed care

Cal MediConnect: Goals

- **Improve health and quality of life.** Help beneficiaries get the right care at the right time and place.
- **Keep people at home.** Help keep beneficiaries where they want to be – in their homes and communities.
- **Make it simpler.** Give beneficiaries one health plan, one membership card, and one number to call for all Medicare and Medi-Cal services.
- **Align incentives around beneficiaries' needs.** Streamline financing and align incentives to promote seamless access to person-centered care delivery.

One Person, One Plan, All Benefits

A brand new opportunity to coordinate care:

- Medical care
- Integrated long-term services and supports (LTSS):
 - In-Home Supportive Services (IHSS)
 - Community Based Adult Services (CBAS)
 - Multipurpose Senior Services Program (MSSP)
 - Nursing home care
- Dental and vision care
- Non-emergency medical transportation
- Coordination county mental health and substance use programs
- Care Plan Options (HCBS at the health plan's discretion)

Timeline

March 2013

- The State and the Federal government signed a Memorandum of Understanding (MOU) outlining the framework of Cal MediConnect.

Spring 2013:

- State and Federal government are beginning to conduct a readiness review of the health plans.
- Three-way contracts between the health plans, CMS and California established.

No earlier than January 2014: **Begin enrollment into CCI**

- 12 month phase-in: Alameda, Santa Clara, San Bernardino, Riverside, San Diego, Orange
- 15 month phase-in: Los Angeles (enrollment strategy under development)
- All at once (first month of enrollment): San Mateo

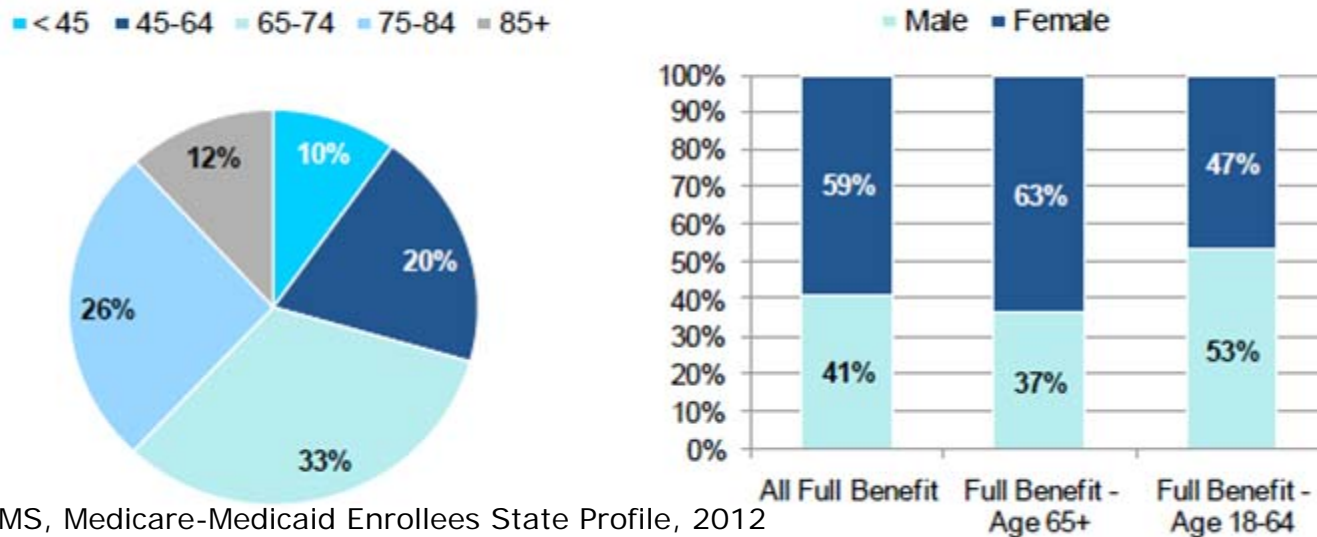
Ongoing:

- Beneficiary, organization and provider outreach.

People Eligible for Cal MediConnect

- 530,000 full-benefit dual eligibles in the eight selected counties.
- Enrollment in Los Angeles will be capped at 200,000 so it's estimated about 456,000 could participate
- 71% are age 65 and older.
- People age 85 and older comprise 17% of this group. The majority are women.

FIGURE 4. FULL BENEFIT MEDICARE-MEDICAID ENROLLEES BY AGE GROUP AND GENDER: CALIFORNIA, 2007



Source: CMS, Medicare-Medicaid Enrollees State Profile, 2012

Passive Enrollment: 3 Beneficiary Notices

90 day mailing

- An informational heads up that a change is coming.

60 day mailing

- A letter saying they will be enrolled in a Cal MediConnect plan unless they make a different choice – including which plan is the likely best match.
- A health plan guidebook, choice book, choice form, and provider directories

30 day mailing

- A confirmation letter of their choice of health plan or to opt out, **or**
- A reminder letter telling them they will be defaulted into a plan the next month.

- Go to www.CalDuals.org to see a full list of populations included and excluded.
- Opting out: A beneficiary can mail back a choice form they receive in the mail that says their preferred choice. A beneficiary can call Health Care Options and tell a customer service representative their choice.

Key Focus Areas

- **Naming** – People don't want to be demonstrated on. Give the program a name people might want to join.
- **Stakeholder Engagement** – Build relationships and gain trust with stakeholders; transparent and inclusive process.
- **Build Bridges** – Requires new relationships and bridging cultural and knowledge gaps: health plans and LTSS/HCBS; medical and social models; etc.
- **County Coordination** – Coordination between health plans and county agencies for the IHSS personal care services program and behavioral health services is crucial.
- **Focus on data** – Get matching Medicare and Medi-Cal data for analysis as early as possible. Critical for successful implementation is getting health plans beneficiary data prior to enrollment. Reliable encounter data will be needed for quality monitoring & evaluation.
- **Outreach and Engagement** – Essential to educate advocates, beneficiaries, caregivers, and engage diverse providers – nursing homes, HCBS, LTSS, physicians, hospitals, transportation, dialysis, pharmacies, etc.

Questions & Discussion

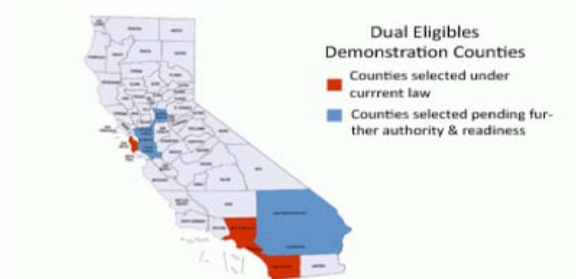
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Demonstration Counties

The California Department of Health Care Services (DHCS) announced on Wednesday April 4, 2012 that Los Angeles, Orange, San Diego and San Mateo counties would be the initial participants in a proposed three-year demonstration project aimed at improving the coordination of care for low-income seniors and persons with disabilities who are dually eligible for Medicare and Medi-Cal.

[Read More](#)



Learn More

Get background information on California's dual eligibles demonstration, including answers to Frequently Asked Questions.

[Read more](#)



Key Resources

Find key documents and links related to California's demonstration to integrate care for dual eligible individuals.

[Read more](#)



Events

Track upcoming events related to the dual eligibles demonstration, including upcoming stakeholder work group meetings.

[Read more](#)

Website: www.CalDuals.org

Email: info@CalDuals.org

Twitter: @CalDuals

www.CalDuals.org