



# California's Duals Demonstration

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# California's Duals

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- Duals in this demonstration are beneficiaries with:
  - Medicare Parts A, B, and D and
  - Full-scope Medi-Cal benefits.
- California has about 1.1 million dual eligibles.



## Challenges with the Status Quo

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- Currently, 75% of California's dual eligibles navigate two separate health care systems on their own, leading to many problems, including:
  - Different coverage rules
  - Poor care coordination
  - Lack of shared data
  - Misaligned financial incentives
  - **Result = fragmented, inefficient care, high utilization of institutional services**



# Duals Care Coordination Demo Goals

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- **Improve health and quality of life.** We want beneficiaries to get the right care at the right time and place.
- **Keep people at home.** We want to help keep beneficiaries where they want to be – in their homes and communities.
- **Align incentives to create efficiencies.** We want to streamline financing and align incentives to promote seamless access to beneficiary-centered care delivery models.



## Demonstration Timeline

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- Spring 2011: DHCS released an RFI
- August 30, 2011: RFI Conference in Sacramento
- Fall 2011: Stakeholder Outreach & Policy Development
- December 2011: Three public stakeholder meetings and DHCS releasing site-selection criteria for comment.
- Spring 2012: Sites selected with a CMS required public comment period.
- January 1, 2013: Demonstrations begin



# Stakeholder Outreach

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- Interactive exchange of ideas with wide range of stakeholders, including consumers, advocates, providers, health plans, researchers and other state departments.
- Hosting beneficiary listening sessions
- E-survey for duals: [www.surveymonkey.com/s/CalDuals](http://www.surveymonkey.com/s/CalDuals)
- Email distribution list of 500 – [info@CalDuals.org](mailto:info@CalDuals.org)
- Website: [www.CalDuals.org](http://www.CalDuals.org)
- Updates on Twitter: [@CalDuals](https://twitter.com/CalDuals)



# December Public Stakeholder Meetings

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- Open, interactive exchange of ideas key policy issues:
  - **Behavioral Health:** December 2nd in Sacramento
  - **Consumer Protections:** December 12th in San Francisco
  - **Long Term Care Coordination:** December 15th in Los Angeles
- The Sacramento meeting had over 150 participants attending in person or via phone. Expecting similar turnouts for the next meetings.



# Policy Development

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- Based on an open, interactive exchange of ideas.
- Focused on three key issue areas:
  - **Long-term care services,**
  - **Behavioral health, and**
  - **Consumer protections.**
- Key frameworks and policy options have been developed and discussed with stakeholders.



# Finance Models

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- Demonstration will include all Medicare and Medi-Cal benefits:
  - Medical services, behavioral health services, home & community based services, and nursing home services.
- DHCS sent a letter of intent to CMS identifying two financial models the state would be pursuing:
  - **Capitated model:** CMS, the State, and health plans would enter into a three-way contract.
  - **Managed FFS model:** CMS and a State will enter into savings agreement.
- DHCS is working with CMS to develop the financing structure.



# Site Selection Process

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- **SB 208 (Steinberg, 2010):**
  - Demonstrations in up to four counties
  - One two-plan model county
  - One county organized health system county
- **Under SB 208, in selecting sites the director shall consider:**
  - Local support for integrating medical care, long-term care, and HCBS; and
  - Input from health plans, providers, community programs, consumers, and other stakeholders.



# Site Selection Criteria

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- Looking for new delivery models – combining Medicare and Medi-Cal’s highest bars for performance
  - Building off strongest parts of current system
- Applicants must pass this high-bar before entering the operations planning phase.
- Once sites are selected, each will have to engage in rate negotiation and detailed readiness assessments.



# Beneficiary enrollment

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- Intent for passive enrollment - beneficiary will be enrolled and allowed to opt out.
- Phased enrollment and carve out of DD Waiver under consideration.



# Beneficiary Protections

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- Enrollment choice
- Accessible care in appropriate settings
- Adequate care coordination
- Provider network access
- Integrated appeals process



# Evaluation Framework

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- Demonstrations will be evaluated on clinical improvements and efficiencies, as well as on their care coordination activities.
  - Enrollment and Retention of Beneficiaries in Demonstrations
  - Care Coordination, Access and Continuity
  - Integrating Behavioral Services
  - Beneficiary Health Outcomes/Health Status
  - Utilization of Hospitals and Nursing Homes
  - Beneficiary Satisfaction
  - Provider Satisfaction
  - Cost Saving and Slower Budgetary Growth



## Monitoring and Evaluating Success

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- Strong consumer protections with stringent oversight & evaluation
  - Coordinated with CMS for unified
- Strong emphasis on quality – beneficiary satisfaction, good health outcomes, high value
- Seeking additional input on best evaluation metrics and methods





# Conclusion

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[www.calduals.org](http://www.calduals.org)

