California’s
Duals Demonstration

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California’s Duals

• 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

• 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

- **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

- 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

• 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

• Email distribution list of 500 – info@CalDuals.org

• Website: www.CalDuals.org

• Updates on Twitter: @CalDuals
December Public Stakeholder Meetings

• 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

• 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

• 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

• 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

• 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

- 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

• Enrollment choice
• Accessible care in appropriate settings
• Adequate care coordination
• Provider network access
• Integrated appeals process
Evaluation Framework

• 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

- 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

www.calduals.org