

Coverage Transitions Lessons Learned and Recommendations for 2013 Coordinated Care Initiative

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2011 Mandatory Managed Care for Medi-Cal Only SPDs

OVERVIEW

- Fall, 2010 - 1115 Federal Waiver authorized California to proceed with mandatory enrollment of Medi-Cal Only Seniors and People with Disabilities into Managed Care
- May 2011 Launch in 16 Counties, including Alameda
- Over 23,000 Alameda County SPDs
- “Passive enrollment”
- Notifications by mail
- Choice of two Plans (plus PACE an option for some)
- No opt out, but Medical Exception Request process

2011 Mandatory Managed Care for Medi-Cal Only SPDs

CHALLENGES

- State's training and education for consumers and community-based organizations was meager
- HICAP not available (non-Medicare)
- Medi-Cal's enrollment broker unused to working with SPDs
- Community-based services often unable to access aid codes to determine coverage
- State's letters and packets only read/understood by some
- Majority of SPDs speak language other than English
- SPD's don't congregate by coverage status, leading to outreach challenges

2011 Mandatory Managed Care for Medi-Cal Only SPDs

UNINTENDED CONSEQUENCES

- 60% of SPDs were passively enrolled – weren't able to make an informed choice
- Plans received outdated contact information on enrollees so some enrollees weren't contacted and assessed
- Many enrollees found out about their new Plan when they tried to access services
- Continuity of care issues:
 - Current physicians/trusted providers not in Plan network
 - Prescription renewal glitches

2006 Medicare Part D Launch

OVERVIEW

- Part of Medicare Modernization Act of 2003 – created private market of Prescription Drug Plans to service Medicare beneficiaries
- Moved prescription drug coverage for Duals from Medi-Cal to Prescription Drug Plans
- Over 50 options to choose from during Open Enrollment
- Over 30,000 Duals in Alameda County
- Passive enrollment for Duals
- Protections – switch plans monthly, exception processes

2006 Medicare Part D Launch

CHALLENGES

- **Who** was affected, **how** they were affected was determined by what coverage they had: Medicare Only vs. Dual FFS vs Dual in a Medicare Advantage Plan
- Number of options daunting; Most needed help to navigate even with Medicare's on-line Plan Finder
- Outreach challenges (seniors and people with disabilities don't congregate by coverage type)
- Duals auto-enrolled en masse (in theory)
- Medi-Cal case workers left out of early training loop

2006 Medicare Part D Launch

UNINTENDED CONSEQUENCES

- Duals without proactive/informed providers suffered
- Many Duals didn't know what Plan they'd been enrolled in and found out when they tried to renew prescriptions
- Poor data sharing between CMS and State resulted in some people losing coverage completely
- Many Duals landed in Plans that didn't cover their meds, or couldn't find Plans that covered their meds
- Confusing and poorly enforced Exception Request process disrupted treatment regimens and care continuity
- Many went without, rationed, took inappropriate meds

2013 Coordinated Care Initiative

OVERVIEW

- Enacted in California's FY 2012/13 Budget, federal MOU yet to be signed
- Moves all Medi-Cal covered LTSS under Medi-Cal Managed Care Plans, and launches an integrated managed care/LTSS Demonstration for Duals
- Alameda is one of 8 counties launching CCI in 2013
- Over 70,000 Alameda County residents
 - almost all Medi-Cal Only consumers
 - Most Dually Eligible consumers
- "Passive enrollment" and Notifications by mail

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CHALLENGES

- Massive reorganization of coverage and systems
- Consumer perspective: complicated and complex
- No opt out on Medi-Cal side, but option on Medicare side
 - Most consumers will be required to join a Medi-Cal Managed Care Plan to receive Medi-Cal covered IHSS, MSSP, ADHC and skilled nursing
 - Duals have option to join a Duals Demonstration that integrates medical and supportive care; “opt outs” face potentially less coordination
- Includes new groups - nursing home and Share Of Cost
- State’s communications effort hampered (resources, county differences, poor connections with physicians)

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CHALLENGES

- **Who** will be affected, **how** they will be affected, and **what** their **choices** are will be determined by:
 - Current coverage
 - Location
 - Current medical conditions/needs
 - Current LTSS providers (ie, IHSS recipients, MSSP clients, etc.)
- Options and steps different for Medi-Cal Only vs. Medi-Cal Only SOC vs. Dual FFF vs. Dual in Medicare Advantage, etc.
- Enrollment venues may be different depending on choices
- Language and cultural diversity of Medi-Cal/Duals population
- Differences will make outreach and messaging a challenge

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RECOMMENDATIONS FOR ALAMEDA COUNTY

- Proactive coordination, using existing channels to minimize duplication and confusion
- Make assistance available in settings consumers choose (current service providers, by phone, in preferred language)
- Employ all channels (CBOs, agencies, MDs, ethnic press, etc.) to deliver simple messages/clear referral path
- Inform, train and coordinate community-based organizations and providers so they are prepared to inform and help their clients and refer them to expert assistance as needed
- Outreach/Inform physicians and pharmacies

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RECOMMENDATIONS FOR ALAMEDA COUNTY

- HICAP (Health Insurance Counseling & Advocacy Program) is key, and needs timely funding for both Medicare and Medi-Cal capacity:
 - Counsel and assisting consumers
 - Back up and technical assistance for service providers
- CBOs and/or HICAP need access to centralized data on individual coverage status
- Efforts must be linked to policy advocacy; updates, coordination and assistance in place through launch and aftermath