Serving Seniors and Persons (SPD) with Disabilities

Los Angeles County Department of Public Health Office of AIDS Programs and Policy

April 13, 2011
1115 Waiver

“Improved care for vulnerable populations”

- Requires most* SPD Medi-Cal beneficiaries to join Medi-Cal Managed Care (*exceptions to follow)
- Mandatory enrollment begins June 1, 2011
- ~172,000 beneficiaries in L.A. County must join a Medi-Cal Health Maintenance Organization (HMO) - L.A. Care or HealthNet
- Additional requirements
  - Facility Site Review for Specialists

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SPD, for this conversation, means:

- **Seniors**
  - age 65+
  - low income and assets
  - Supplementary Security Income (SSI) beneficiary with **Medi-Cal**

- **People with disabilities**
  - age <65
  - low income and assets
  - disability prevents “meaningful work”
  - SSI beneficiary with **Medi-Cal**
New Mandatory Aid Codes

SPDs are Fee For Service (non-duals) in the following aid codes:

• 20, 24, 26;
• 2E, 2H;
• 36;
• 60, 64, 66;
• 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6V;
• 10, 14, 16;
• 1E, 1H.

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Dual Eligibles/Medi-Medis Are Exempt

- Will not be required to join a Medi-Cal Managed Care plan (and are not required to join a Medicare plan)
- Can join a Medi-Cal plan VOLUNTARILY, as long as they are not in a DIFFERENT plan for their Medicare
- Can enroll in L.A. Care’s Medicare Advantage HMO Special Needs Plan
Others excluded from mandatory enrollment

- California Children’s Service-eligible children in SPD aid codes
- Home and community-based waiver services
- Long-Term Care/Skilled Nursing Facilities (SNF) (but no Intermediate Care Facilities)
- Share of cost
- Other health insurance
How many members will L.A. Care get? (of the 172K potentials)

- Estimates based on current choice and assignment statistics
  - 115,000 will choose or be assigned to L.A. Care (~9,500 per month)
  - Of the 9,500 per month, ~50% will go to Plan Partners, ~50% to Medi-Cal Direct (MCLA)
  - Of the ~4,750 joining MCLA each month, ~50% will go to L.A. County Department of Health Services (~2,400)

~2,400/month to network IPAs
Enrollment Timeline

- Mandatory enrollment begins June 1, 2011
- Beneficiaries will be required to enroll according to their birthday month
  - May birthdays become mandatory June 1
- 13-15K per month, countywide
- Everyone enrolled at the end of 12 months (by 5/30/12)
Notification of Beneficiaries

• State Medi-Cal program is sending letters and make outbound calls beginning 90 days in advance of effective date
• State made one presentation in L.A. County, March 29, 2011
• L.A. Care has contracted with a Community Based Organizations to do additional community outreach
• Orientations at Family Resource Centers
Medi-Cal SPD notification timeline

90 days: “important changes” letter

30 days: intent to default letter

60-60 days, outbound call #1

60-30 days, outbound call #2

60 days: choice packet

Mandatory effective date

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Guiding Principles of SPD Transition and L.A. County

• Ensure a seamless transition for those SPD beneficiaries that will transition from FFS to managed care

• Retain the current level of SPD patients that access primary care, specialty and inpatient services from L.A. County DHS
  – Assure continuity of care and fiscal stability and sustainability of L.A. County’s safety net delivery system under the new waiver
Assumptions for SPD Transition in L.A. County

• There will be a contract in place between L.A. County DHS and L.A. Care by 6/1/11 for the provision of services to the SPD population
• 27,600 FFS SPDs currently receive a significant amount of care through County DHS
• 3,700 FFS SPDs currently receive their primary care at PPP clinics and significant specialty and inpatient services through County DHS
State DHCS Rates

- Current L.A. Care rates effective through 10/1/10 through 9/1/11
  - Includes SPD Medi-Cal only and all other aid categories
- SPD Medi-Cal only rates for 6/1/11 through 9/1/11
- Next L.A. Care rates effective 10/1/11 through 9/1/12
  - Includes SPD Medi-Cal only and all other aid categories

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### SPD Fee for Service Health Profile

<table>
<thead>
<tr>
<th>Profile</th>
<th>L.A. County FFS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>&gt; 65% are over 45 years old</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>45%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>23%</td>
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<tr>
<td>Pulmonary</td>
<td>20%</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>18%</td>
</tr>
<tr>
<td>*Psychiatric</td>
<td>13%</td>
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<tr>
<td>Renal</td>
<td>9%</td>
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<tr>
<td>Cancer</td>
<td>6%</td>
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<tr>
<td>Developmental Disability</td>
<td>4%</td>
</tr>
</tbody>
</table>

*Department Health Care Services (DHCS) estimates behavioral health conditions – 30%

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Raising the Bar Together

- Adding value
  - Managing patient’s utilization and risk
- Expanding specialty access and panel
  - IPAs will need to ensure adequacy and capacity in their specialty panel
  - Full panel of specialists
  - Specialists near the PCP and hospital networks
- Contracting with specialists and tertiary centers
  - L.A. Care will explore contracting options with hard to get specialties
  - Centers of Excellence

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Continuity and Transition of Care

- DHCS requirements for continuity of care
  - DHCS has proposed continuity of care contract language for local initiatives
  - L.A. Care’s existing continuity of care policy
  - Independent Physician Association level policies
Continuity and Transition of Care

- L.A. Care’s Continuity of Care team
- Health risk assessments and 12-month pharmacy and claims history
  - Clinical profile
- Mental health and substance abuse
  - Work with L.A. Department of Mental Health and L.A. Department of Public Health on access and coordination of care

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Questions and Answers