



L.A. Care
HEALTH PLAN®

Serving Seniors and Persons (SPD) with Disabilities

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

April 13, 2011

For a Healthy Life

www.lacare.org

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

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.

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**)

Enrollment Timeline



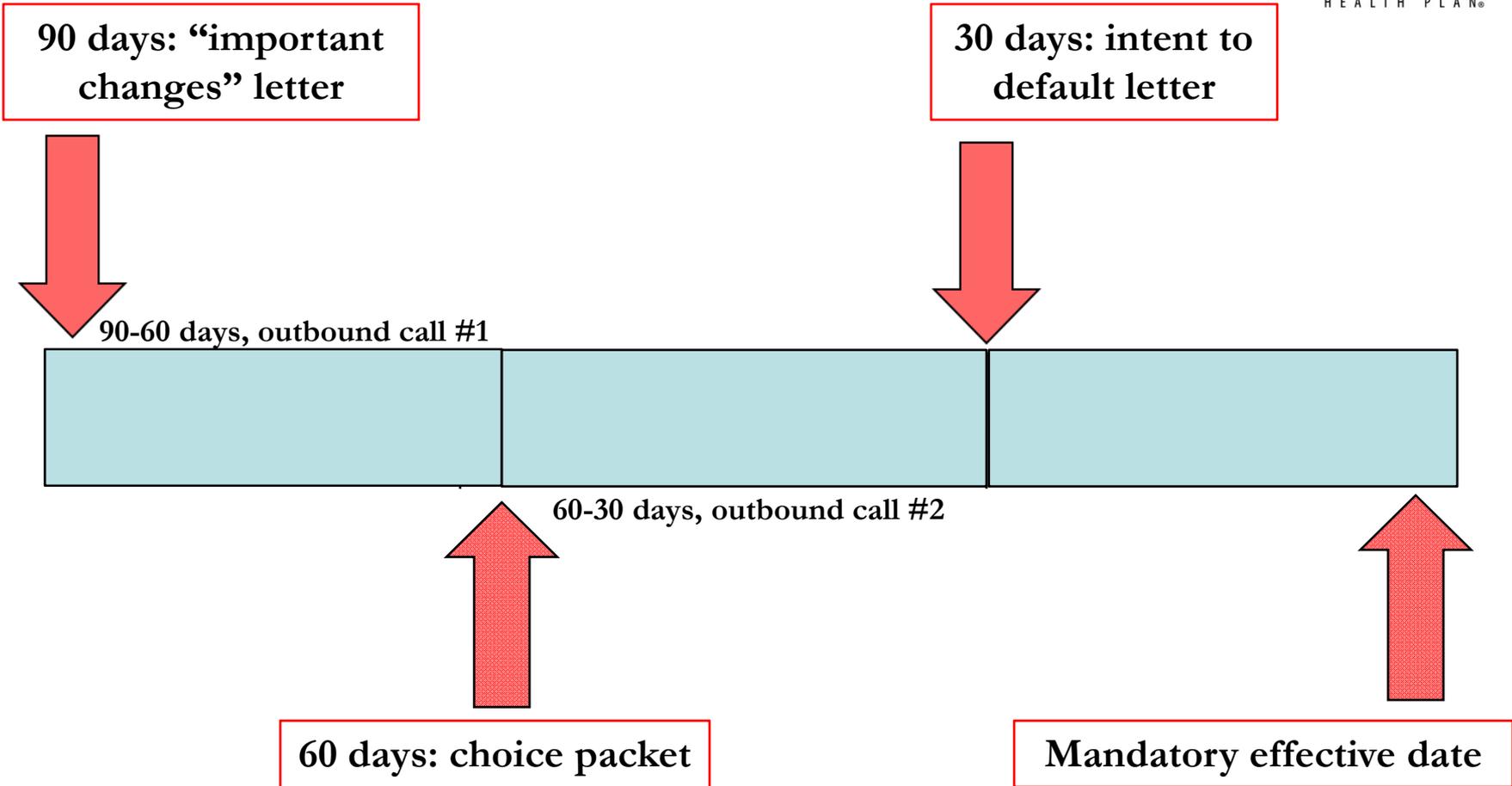
- Mandatory enrollment begins June 1, 2011
- Beneficiaries will be required to enroll according to their birthday month
 - May birthdays become mandatory June 1
- 13-15K per month, countywide
- Everyone enrolled at the end of 12 months (by 5/30/12)

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



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

SPD Fee for Service Health Profile



Profile	L.A. County FFS
Age	> 65% are over 45 years old
Cardiovascular Disease	45%
Diabetes	23%
Pulmonary	20%
Musculoskeletal	18%
*Psychiatric	13%
Renal	9%
Cancer	6%
Developmental Disability	4%

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

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

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

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