

# Medi-Cal 2020: Continuing on the Path to Delivery System Transformation and Sustainability



# ***Medi-Cal 2010: Crossing the “Bridge to Reform”***

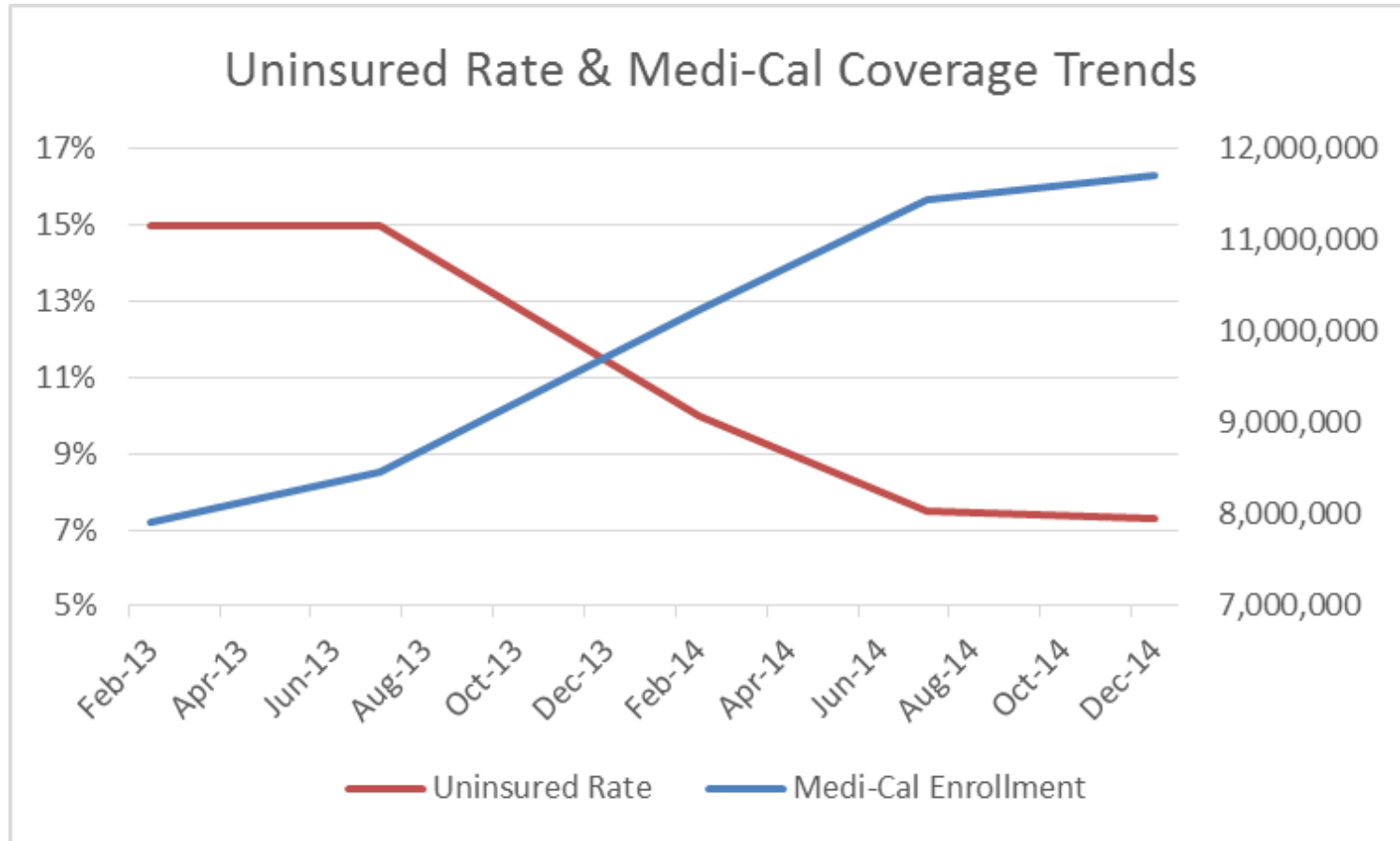
The Bridge to Reform Demonstration has been successful.

## **Key Achievements**

- Cut the uninsured rate in California by **50%** (*29% increase in Medi-Cal enrollment due to expansion – More than 12 million Californians enrolled in Medi-Cal today, about 1/3 of the entire state*).
- Led the nation in implementation of Delivery System Reform Incentive Payments (DSRIP); 21 public safety net systems participating
- Completed full implementation of managed care delivery system
- Promoted long-term, efficient, and effective use of state, local and federal funds
- Advanced utilization of home and community-based care
- Sustained the critical role of the safety net

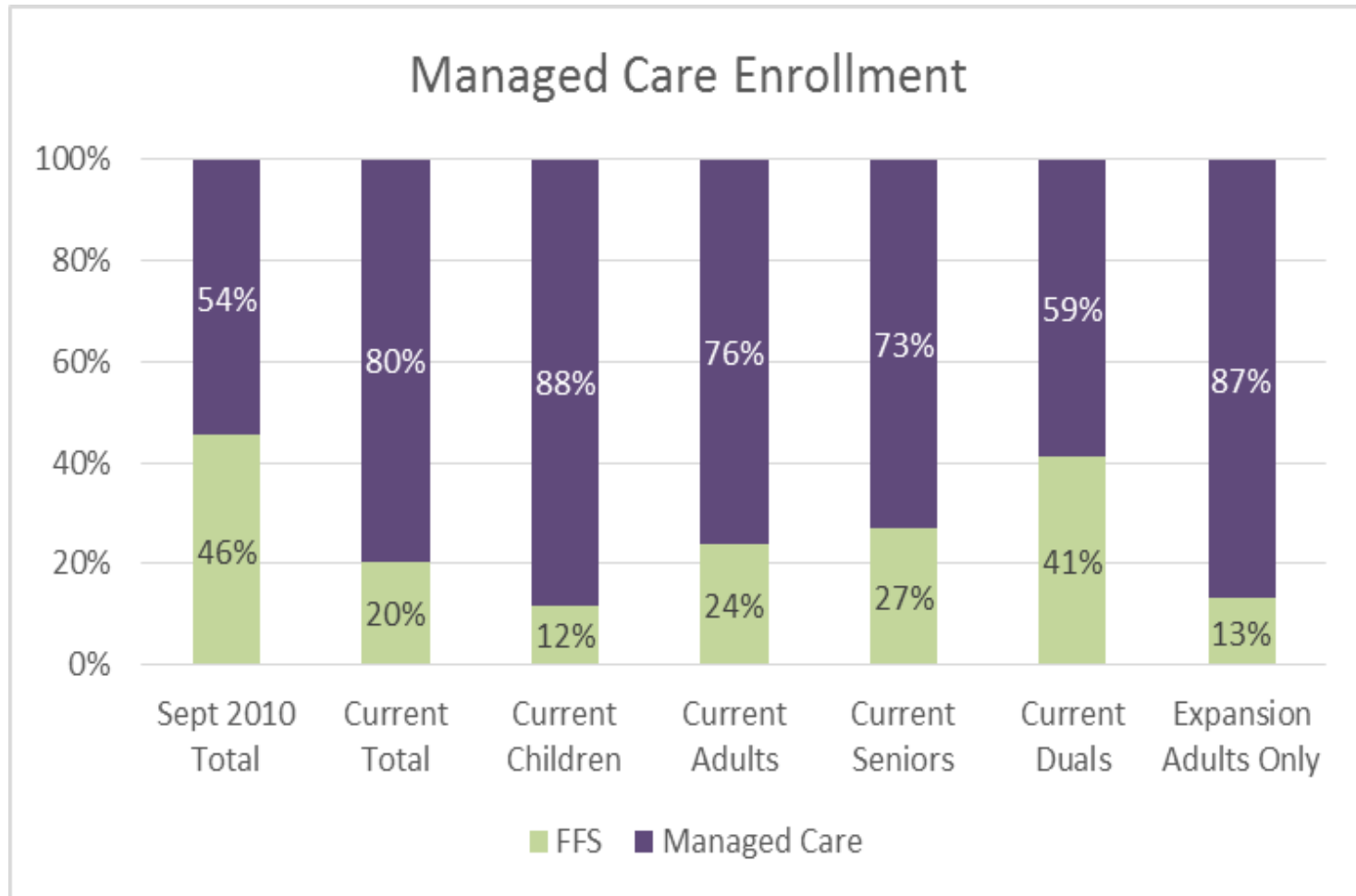


# ***Medi-Cal 2010: Crossing the “Bridge to Reform”***





# ***Medi-Cal 2010: Crossing the “Bridge to Reform”***

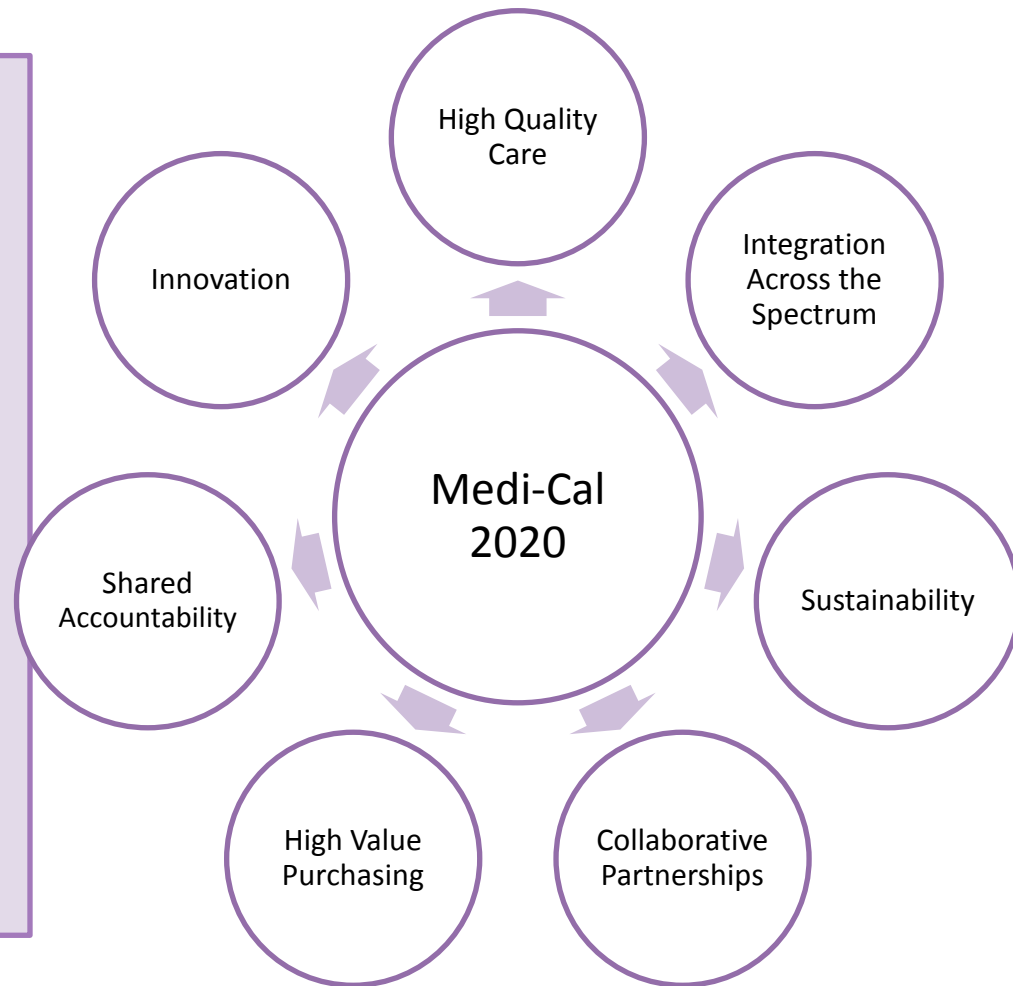




# Medi-Cal 2020: Vision

## Vision for 2020

- Continue to build capacity in ways that better coordinate care and align incentives around Medi-Cal beneficiaries to improve health outcomes and reduce disparities, while also containing health care costs.
- Bring together state and federal partners, county systems, plans and providers, and safety net programs to share accountability for beneficiaries' health outcomes.





# Core Goals

- 1 Improve health care quality and outcomes for the Medi-Cal population
- 2 Strengthen primary care delivery and access
- 3 Build a foundation for an integrated health care delivery system that incentivizes quality and efficiency
- 4 Address social determinants of health and improve health care equity
- 5 Use CA's sophisticated Medicaid Program as an incubator to test innovative approaches to whole-person care



# Performance Metrics

Committed to a clear set of statewide, regional , plan and provider performance metrics, with a focus on:

Reducing volume of preventable events

Improving access to timely care

# Delivery System Transformation and Alignment Programs



1. Managed Care Systems Transformation & Improvement Program
2. Fee-for-Service (FFS) Transformation & Improvement Program
3. Public Safety Net System Transformation & Improvement Program
4. Workforce Development Program
5. Increased Access to Housing and Supportive Services Program
6. Whole Person Care Pilots



# Managed Care Systems Transformation & Improvement Programs



Focus on coordinated care across physical health, mental health, substance abuse disorder services, and long term care; improve quality and value within the delivery system

Incentive arrangements would require Medi-Cal managed care plans, county behavioral health systems, and providers to work together to achieve specific metrics

Long-term goal to move toward restructuring capitation rate setting by demonstrating through these strategies that these types of shifts result in better outcomes and reduced total cost of care

*Supports Waiver goals to:*

- Build a foundation for an integrated health care delivery system that incentivizes quality and efficiency
- Improve health care quality and outcomes for the Medi-Cal population
- Use CA's sophisticated Medicaid Program as an incubator to test innovative approaches to whole-person care



# FFS System Transformation & Improvement Program

## Incentives in Medi-Cal Dental:

Aimed at expanding oral health services and improving utilization of preventive services

Incentives for new/existing dental providers who increase volume of and access for Medi-Cal beneficiaries

Evaluate impact on access to care and utilization of services

## Incentives in Maternity Care:

Pilot hospital incentive program for maternity care where incentive payments will be paid for hospitals meeting quality thresholds in four core measures: 1)Early elective delivery, 2)Cesarean section rate for low-risk births, 3)Vaginal birth after cesarean delivery rate, 4)Unexpected newborn complications in full-term babies

- 1 Improve health care quality and outcomes for the Medi-Cal population
- 2 Strengthen primary care delivery and access
- 3 Build a foundation for an integrated health care delivery system that incentivizes quality and efficiency
- 4 Address social determinants of health and improve health care equity



# Public Safety Net System Transformation & Improvement Program

Builds upon the successes of 2010 DSRIP and lessons learned

The goals are to drive even further change in the public safety net systems while also providing a more standardized approach and outcomes focused metrics to demonstrate statewide changes occurring in public safety net systems

Eligible public safety net systems include:

- 21 designated public hospital systems
- 42 nondesignated public hospital systems – proposal includes a planning period for the these hospital as they did not participate in 2010 program

Improve health care quality and outcomes for the Medi-Cal population

Strengthen primary care delivery and access

Build a foundation for an integrated health care delivery system that incentivizes quality and efficiency

Address social determinants of health and improve health care equity



# Workforce Development Program

Address need to transform and expand primary care and specialty care access to serve the Medi-Cal population, given increased competition for providers post-ACA

Expand existing providers' ability to deliver quality care to additional Medi-Cal members and users of CA's safety net

Attract additional workforce to participate in the Medi-Cal program including new categories of health workers with expertise in physical-behavioral health integration and that have cultural and linguistic skill sets for broad community reach

Drive value by leveraging non-physician workforce

- Improve health care quality and outcomes for the Medi-Cal population
- Strengthen primary care delivery and access
- Build a foundation for an integrated health care delivery system that incentivizes quality and efficiency
- Address social determinants of health and improve health care equity
- Use CA's sophisticated Medicaid Program as an incubator to test innovative approaches to whole-person care



# Increased Access to Housing and Supportive Services Program

Aimed at improving care coordination for the state's most vulnerable populations

New approach to providing care to individuals experiencing homelessness, particularly those with multiple chronic conditions

Inclusion of a set of tenancy-based care management services for plans statewide to support beneficiaries to allow them to stay in their homes

- Build a foundation for an integrated health care delivery system that incentivizes quality and efficiency
- Improve health care quality and outcomes for the Medi-Cal population
- Use CA's sophisticated Medicaid Program as an incubator to test innovative approaches to whole-person care
- Address social determinants of health and improve health care equity



# Regional Integrated Whole-Person Care Pilots

An enhanced model of Regional Partnerships requiring proposals for a geographic region, likely a county or group of counties, jointly pursued by the county and applicable Medi-Cal plans for that region.

Required partners would include: Medi-Cal Plans, County behavioral health systems, hospitals, doctors/clinics, Social Services and public health agencies and providers, Non-medical workforce, housing authorities, criminal justice/probation, and other community-based partners.

- Improve health care quality and outcomes for the Medi-Cal population
- Strengthen primary care delivery and access
- Build a foundation for an integrated health care delivery system that incentivizes quality and efficiency
- Address social determinants of health and improve health care equity
- Use CA's sophisticated Medicaid Program as an incubator to test innovative approaches to whole-person care

# Public Safety Net System Global Payment for the Remaining Uninsured



Transform the traditional Disproportionate Share Hospital (DSH) and Safety Net Care Pool (SNCP) reimbursement structures away from cost-based systems

Establish county-specific global payments that integrate DSH and SNCP funding and serve as lever for whole-person coordinated care

Strengthen primary care delivery and access

Build a foundation for an integrated health care delivery system that incentivizes quality and efficiency

Address social determinants of health and improve health care equity

# State-Federal Shared Savings & Reinvestment



---

Under the Waiver, a per-beneficiary-per-month (PMPM) cost amount would be established based on predicted costs for those beneficiaries absent the waiver (total funds)

---

The state would retain a portion of federal funds for the difference between actual expenditures and pre-established per beneficiary amounts

---

The savings serve as key reinvestment funding that will allow CA to implement many of the other waiver initiatives that will drive this savings as well as quality improvement

---

Concept is not a per-capita cap that limits entitlement spending; any excess spending over the anticipated per-beneficiary cost would count against budget neutrality margin and reduce Waiver expenditures

---

Even after reinvestment of funds, ensure overall savings to the Federal government, thereby ensuring that the Waiver is budget neutral



# Demonstration Financing and Budget Neutrality



Generally retain structure and calculations as under the 2010 Waiver, with modifications as noted:

Trend existing FFS PMPMs based on existing trend factors for Medicaid Eligibility Groups (MEGs), split by model type (two-plan/Geographic Managed Care, County Organized Health System, Coordinated Care Initiative (CCI), non-CCI): Family, Seniors & Persons with Disabilities, including partial duals

Full scope dual eligibles

Consider that given experience attained for new adult group, add new MEG for new adults

Maintain separate limit B for designated public hospitals upper payment limit (UPL) as in 2010 Waiver

Add designated public hospital DSH funding into budget neutrality on both sides. These DSH expenditures would be a component of the funding of the global budget for the remaining uninsured



# Evaluation

Will work with CMS to develop an evaluation design that builds upon and incorporates lessons learned from the current Bridge to Reform waiver

The design will support generalized findings, explore limitations of demonstration design, and evaluate the integrity and appropriateness of the data and analytic methods used

Will include use of comparison groups and baselines when possible