

Preparing for Successful CalAIM Implementation

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CalAIM

- Effective January 1, 2023, long-term care services will be carved into managed care plans in every county, effectively eliminating Fee-for-Service (FFS) Medi-Cal for our providers. (estimated 28,000 beneficiaries)
- Beneficiaries who enter an LTC facility and would otherwise have been disenrolled from a Managed Care Plan (MCP) will remain enrolled in an MCP.



CalAIM

- All Medi-Cal only and dual eligible beneficiaries in Medi-Cal FFS residing in a facility on 1/1/2023 will be enrolled in an MCP effective 1/1/2023.
- Beneficiaries who do not choose an MCP will be defaulted into an MCP.
- Impact of CalAIM varies by county.



2022 COHS & CCI COUNTIES

- MCPs are responsible for all medically necessary LTC services (except ICF-DDs) regardless of LOS.
- MCPs and other support services are required to coordinate care and transition of care for beneficiaries.



2022

ALL OTHER COUNTIES

- MCPs are responsible for all medically necessary LTC services from time of admission and up to once month after admission for LTC (first & following month).
- MCPs are required to submit a disenrollment request to DHCS for beneficiaries who require a longer stay.
- Until disenrollment is approved by DHCS, MCPs must provide all medical necessary coverage and coordinate the beneficiaries transfer to FFS upon effective date of disenrollment.



CalAIM STARTING 1/1/2023

- MCPs in all counties will cover LTC services for enrolled members*
- MCPs will reimburse providers for and providers will accept the payment amount the provider would be paid for the services under Medi-Cal FFS – (paraphrased from WIC section 14182.201 b).

*Carve in for ICF-DDs and Subacute Services delayed until July 1 2023



CalAIM 1/1/2024

- New Managed Care Plan Contracts Implemented
 - Notice of Intent to reward 8/22
- Plans will operate in 4 models
 - Regional Model
 - COHS & Single Model
 - Two Plan Model
 - Geographic Model
- Geographic Model (Sacramento & San Diego)
 - Rewarded to 2 plans



CalAIM – Counties changing Model Type - 2024

- Single Plan –
 - Alameda County w/ Alameda Alliance
 - Contra Costa County w/ Contra Costa Health Plan
 - Imperial County w/ California Health and Wellness
- Two Plan w/ Health Plan of San Joaquin
 - Alpine County
 - El Dorado County



CalAIM – Counties changing Model Type - 2024

- COHS w/ Central California Alliance
 - Mariposa County
 - San Benito County
- COHS with Partnership
 - Butte County
 - Colusa County
 - Glenn County
 - Nevada County
 - Placer County
 - Plumas County
 - Sierra County
 - Sutter County
 - Tehama County
 - Yuba County



DHCS is Transforming Medi-Cal Managed Care Through Multiple Channels

New Mix of High-Quality Managed Care Plans Available to Members

Procurement of Commercial Managed Care Plans

- Competitive proposal process for commercial plans
- Statewide, in counties with a model that includes commercial plans

Model Change in Select Counties

- Conditional approval for 17 counties to change their managed care model
- Subject to federal approval
- Includes a new Single Plan Model and expansion of COHS model

Proposed Direct Contract with Kaiser

- Proposed for 32 counties
- Subject to state and federal approval
- Leverages Kaiser's clinical expertise and integrated model to support underserved areas in partnership with FQHCs

**Restructured and More Robust Contract
Implemented Across All Plans in All Model Types in All Counties**

Improved Health Equity, Quality, Access, Accountability and Transparency

WHAT SNFS SHOULD DO NOW

- Meet with plans that operate in your county
- What plans assist with Continuity of Care issues & discharge planning?
- Review MCP strategies re: Enhance Care Management
- Meet with relevant plans to discuss and improve working relationship.
- Share data demonstrating value: readmit rates, etc.
- Note ancillary services where MCP contracts may be needed (dialysis clinics, specialists)



WHAT SNFS SHOULD DO SOON

- Communicate with residents, families, and representatives about the mandatory Medi-Cal Managed Care enrollment.
- Ensure that correct contact information is on file with the County social services department.
 - If Contact info is not up to date residents/Families may not receive outreach regarding plan choice.
 - Medi-Cal re-determination will also rely on contact information with the County.
- Track resident managed care selection.



HOW WILL THIS IMPACT RESIDENTS WITH MEDICARE & MEDI-CAL?

Like CalMedi-Connect,
CalAIM is designed to
coordinate care for
people with both
Medicare and Medi-Cal.

- **Option 1:** Residents can stay with their current Medicare Medi-Cal plan and will be automatically enrolled in the Medicare-Medi-Cal plan effective January 1, 2023 if no change is requested.
- **Option 2:** They can join a different Medicare-Medi-Cal plan to get Medicare and Medi-Cal coverage. Options vary by county and can be found at
- **Option 3:** They can join a different Medicare Advantage health plan. If a different Medicare Advantage health plan is selected and a matching Medi-Cal plan is available, the Medi-Cal plan will be updated to match.
- **Option 4:** They can change to Original Medicare, Fee-For-Service coverage managed by the Federal Government and keep the same Medi-Cal plan.
- **Option 5:** If eligible, they can enroll in the Program of All-Inclusive Care for the Elderly (PACE).

APL 22-XXX

- Benefit Requirements:
 - “Effective 1/1/23 all MCPs in all counties must authorize and cover medically necessary services provided in SNF facilities (including distinct part or unit of a hospital).”
 - Medi-Cal pharmacy benefits – *(further clarification requested)*
 - If the drugs are dispensed by a pharmacy and billed on a pharmacy claim (and are not part of the bundled rate for services provided by a SNF) then they are carved out and paid by MediCal Rx. If drugs are furnished by the SNF and billed on a medical or institutional claims, the MCP is responsible.



APL 22-XXX

- Network Readiness Requirements:
 - DHCS to provide MCPs with a SNF Readiness Template

Note: DHCS also has a Skilled Nursing Facility Readiness Requirements document to outline SNF network readiness requirements MCPs must meet prior to implementation.

CAHF has requested clarifications and additions, including:

Each Medi-Cal MCP and any entity that the plan has delegated financial risk shall be encouraged to offer a contract to all providers of institutional long term care services within the plan's service area.



APL 22-XXX

- Continuity of Care Requirements:
 - “MCPs must automatically provide 12 months of continuity of care for the SNF placement of any Member residing in a SNF that undergoes a mandatory transition into an MCP on January 1, 2023, and before July 1, 2023. Automatic continuity of care means that if the Member is currently residing in a SNF, they do not have to request continuity of care.”

CAHF has requested clarifications and additions, including:

- “If SNF care under continuity of care requirements, is provided by an out-of-network provider, the MCP shall provide payment that is not less than the payment rate that would be paid to an in-network provider.”



APL 22-XXX

- Treatment Authorizations:
 - “Effective 1/1/23 all MCPs in all counties must authorize and cover medically necessary services provided in SNF facilities (including distinct part or unit of a hospital).”
 - Medi-Cal pharmacy benefits – *(further clarification requested)*
 - If the drugs are dispensed by a pharmacy and billed on a pharmacy claim (and are not part of the bundled rate for services provided by a SNF) then they are carved out and paid by MediCal Rx. If drugs are furnished by the SNF and billed on a medical or institutional claims, the MCP is responsible.



APL 22-XXX

- Facility Payment:
 - “Effective 1/1/23 all MCPs in all counties must authorize and cover medically necessary services provided in SNF facilities (including distinct part or unit of a hospital).”
 - Medi-Cal pharmacy benefits – *(further clarification requested)*
 - If the drugs are dispensed by a pharmacy and billed on a pharmacy claim (and are not part of the bundled rate for services provided by a SNF) then they are carved out and paid by MediCal Rx. If drugs are furnished by the SNF and billed on a medical or institutional claims, the MCP is responsible.



APL 22-XXX

- Care Management:
 - “Effective 1/1/23 all MCPs in all counties must authorize and cover medically necessary services provided in SNF facilities (including distinct part or unit of a hospital).”
 - Medi-Cal pharmacy benefits – *(further clarification requested)*
 - If the drugs are dispensed by a pharmacy and billed on a pharmacy claim (and are not part of the bundled rate for services provided by a SNF) then they are carved out and paid by MediCal Rx. If drugs are furnished by the SNF and billed on a medical or institutional claims, the MCP is responsible.



APL 22-XXX

- CALL TO ACTION:
 - DHCS plans to incorporate feedback and release for public stakeholder comment before finalizing.
 - Providers need to review and submit comments before final publication.



ADDITIONAL QUESTIONS?

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