

Evaluation of Cal MediConnect: The Beneficiary Perspective

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Evaluation overview

- 14 focus groups with beneficiaries
- Longitudinal telephone survey with beneficiaries
- Key informant stakeholder interviews
- Case studies

Beneficiary Survey

- **2,139 dually eligible beneficiaries interviewed between January 2016 and March 2016**
- **Purpose:**
 - To collect quantitative, generalizable data to measure the experiences of Cal MediConnect beneficiaries on access to, quality of, and coordination of care.
 - Compare CMC experiences with those who opted out and those in non-CCI counties.
- **Longitudinal analysis:** A follow up survey will be conducted in early 2017 to measure change over time.

2,139 Telephone Surveys with Dually Eligible Beneficiaries



744 in Cal MediConnect

659 who opted out

736 in non-CCI counties

Opting out of Cal MediConnect

- About half of all eligible beneficiaries opted out or disenrolled from the program.
- 43% of those who opted out were unaware that they had.
- Were more likely to remember getting a notification letter, but less likely to say that the letter was useful.
- Most said opting out was easy (48%) or somewhat easy (24%)
- 28% were advised by someone else (MD, RN, MA)
- Females and those with disabilities were more likely to opt out
- 14% of those who opted out said they might consider re-enrolling

Top Reasons for Opting Out

Uncertainty

“I did not understand it, [and] what the purpose of participating in the plan.”

Choice

“I have more choices sticking to what I have.”

Satisfaction

“I wanted to keep what I had. It was working really good for me so I just decided to keep that.”

Continuity

“Because it does not give me the same doctor that I had before, they would send me to another place.”

Disruption

“[The plan] wouldn't cover some prescriptions and medical equipment.”

Continuity of Care

Since you switched to CMC/MMC?	CMC	Opt-Out
Kept same primary care provider	77%	86%
Kept all specialists **	66%	79%
No change in mental health care	83%	68%
No change in prescription medications	74%	80%

- Beneficiaries were most satisfied with benefits when they kept the same primary care provider, specialists, mental health care, or prescription medications
- 47% opt outs said they did so to keep their providers

**Indicates statistically significant difference, p-value < .05

Beneficiaries' Satisfaction

Cal MediConnect vs. Opt-Out vs. Non-CCI

N=2,139	CMC	Opt-Out	Non-CCI
Very or somewhat satisfied with health insurance benefits?	89%	89%	88%
Overall quality of care rated "excellent" or "good"	83%	83%	86%
Since switching to CCI, quality of care is "better." **	36%	21%	N/A
Provider's understanding of condition or disability is "excellent" or "good"	81%	84%	84%
Have NOT filed a grievance or complaint in the last 6 months	96%	97%	97%

**indicates statistical significance, p-value <.05

Access to Care

Since you switched to CMC/MMC?	CMC	Opt-out	Non-CCI
Getting apt with a primary care doctor is easier	28%	22%	NA
Getting an apt with specialist is easier	26%	23%	NA
Getting DME is easier	26%	12%	NA
Getting apt with mental health provider is easier	24%	16%	NA
I use the ER less	34%	28%	NA
Dental benefits are better	24%	12%	NA
Vision benefits are better	26%	12%	NA
In the last six months....?	CMC	Opt-out	Non-CCI
Getting apt with specialist is “always easy”	59%	61%	59%
Getting prescriptions is “always easy”	78%	72%	70%
Always able to go to the hospital I prefer	76%	80%	80%

**Indicates statistically significant difference, p-value < .05

Disruptions in Care after Transition

- In focus groups, disruptions in care were reported, but many also reported they had since been resolved by the plan or provider.

N=1,403	CMC	Opt-Out
Reported delays in accessing care, services, or supplies needed after transition	19%	22%
Of those, all delays/problems resolved	35%	47%
Some delays/problems resolved	21%	15%
No delays/problems resolved	44%	38%

- People with “poor” health, DME use, and disabilities were more likely to report disruptions.
- Education and limited health literacy do NOT predict disruptions.
- Having a care coordinator is the ONLY predictor of resolution (OR 2.6).

Impact of Cal MediConnect Care Coordination

Those in CMC are more likely to have someone coordinating their care (35%) than those who opted out (20%) or those in non-CCI counties (18%)

N= 744	Had a Care Coordinator	No Care Coordinator
Very satisfied with CMC benefits **	72%	50%
Plan has done something to make it safer or easier to live in my own home **	31%	18%
More aware of CMC benefits like transportation **	66%	41%
Experienced a disruption after transition	17%	20%
Any disruption after transition was resolved **	63%	29%

**Indicates statistically significant difference, p-value < .05

The “LTSS duals” population

- People who need help with daily activities:
 - “personal care needs, such as eating, bathing, dressing, or getting around inside this home”
 - “routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes”
- 43% of the duals population in CCI & non-CCI counties
 - 37% of Cal MediConnect participants
 - 49% of opt-outs

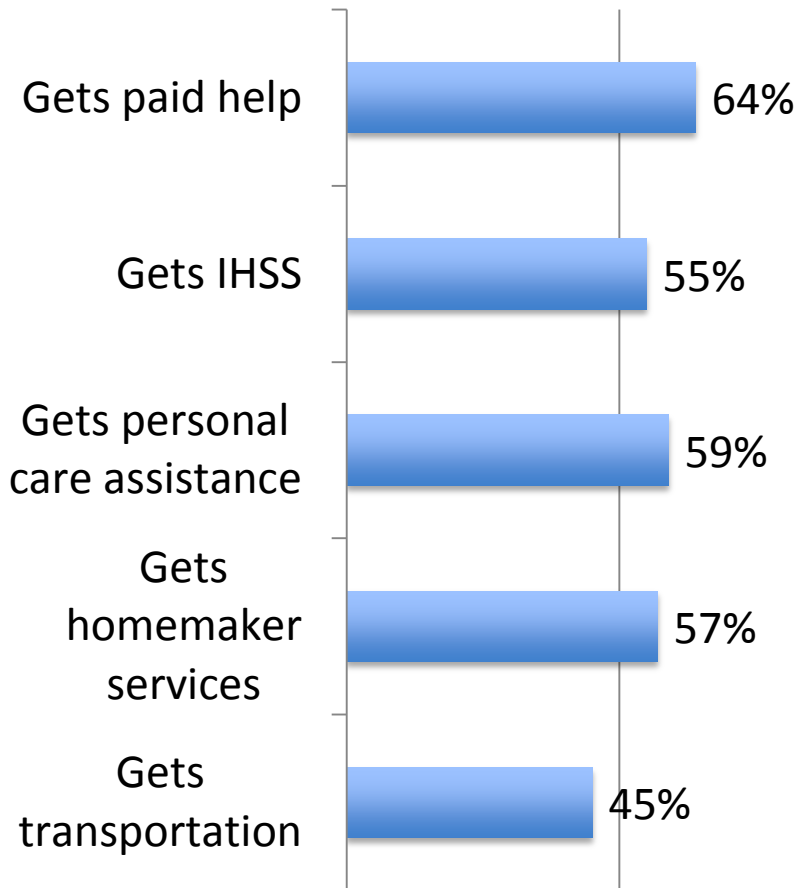
Characteristics of the LTSS duals

- Median age: 66
- 67% are women
- 39% Latino, 21% African American
- 61% high school graduates; 12% college graduates
- Of working-age adults, 2% are employed (mostly part-time) and 4% looking for work
- 74% are in fair or poor health, compared to 44% of non-LTSS users

Opting out of Cal MediConnect

- 57% of LTSS duals in CCI counties opted out
 - Compared to 43% of non-LTSS duals
 - 59% of people with ADL needs opted out versus 50% of people with only IADL needs
 - 61% of IHSS recipients opted out
- 34% of LTSS duals who opted out had been advised to do so
 - Compared to 23% of non-LTSS duals
 - Typically by healthcare providers
 - Reasons generally related to continuity of care

Paid services among LTSS duals



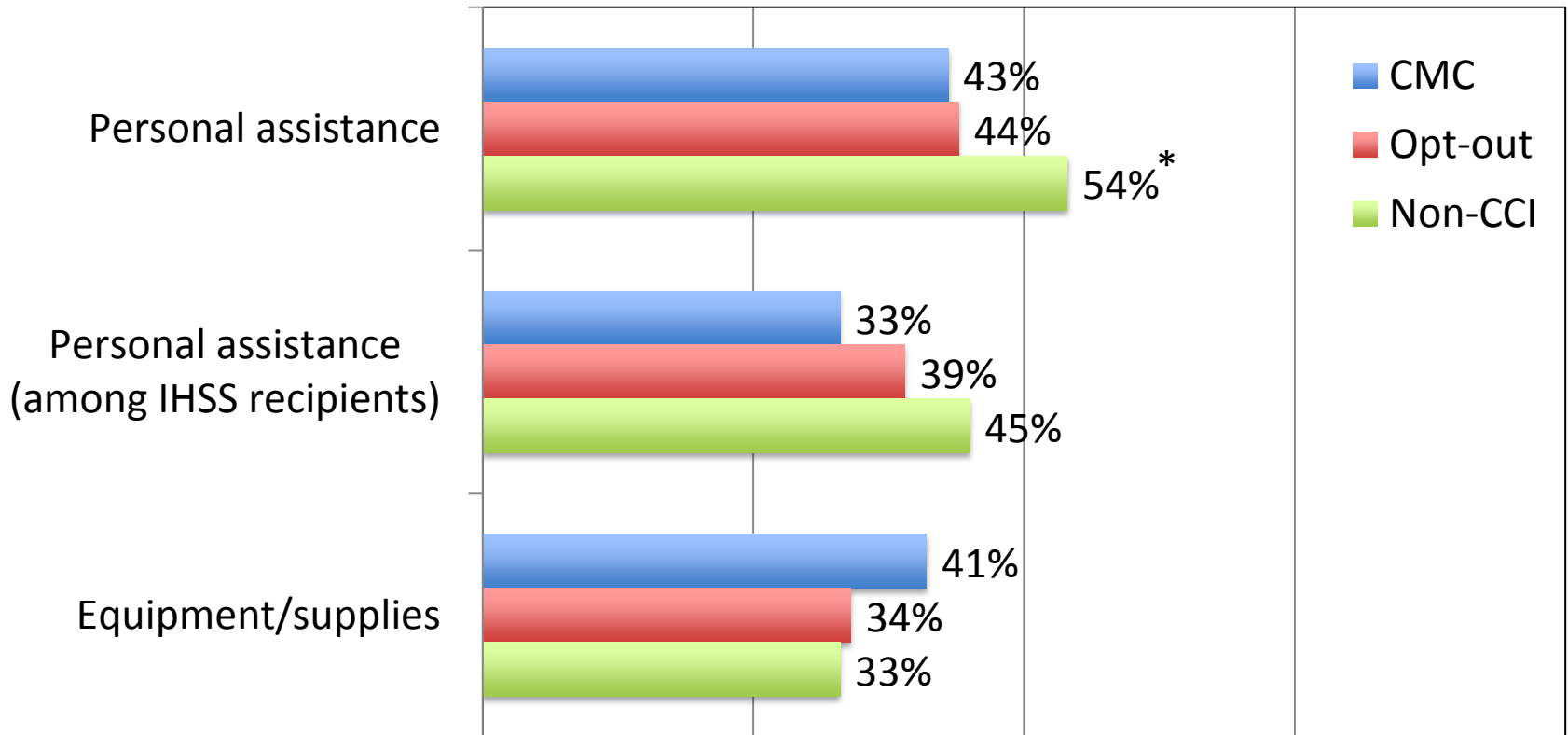
- Median IHSS hours:
88/month
 - 77 for CMC
 - 92 for opt-outs
 - 93 non-CCI
- Principal helper is generally paid relative (55%) or friend (14%)

Consumer direction of LTSS

- 66% of people getting paid LTSS say they are in charge of their own services
& 13% “sometimes” in charge
- Nearly all IHSS recipients say they can change the people who are paid to help them
 - 92% yes
 - 2% maybe
 - 6% no

Unmet needs among LTSS duals

Has unmet need for...

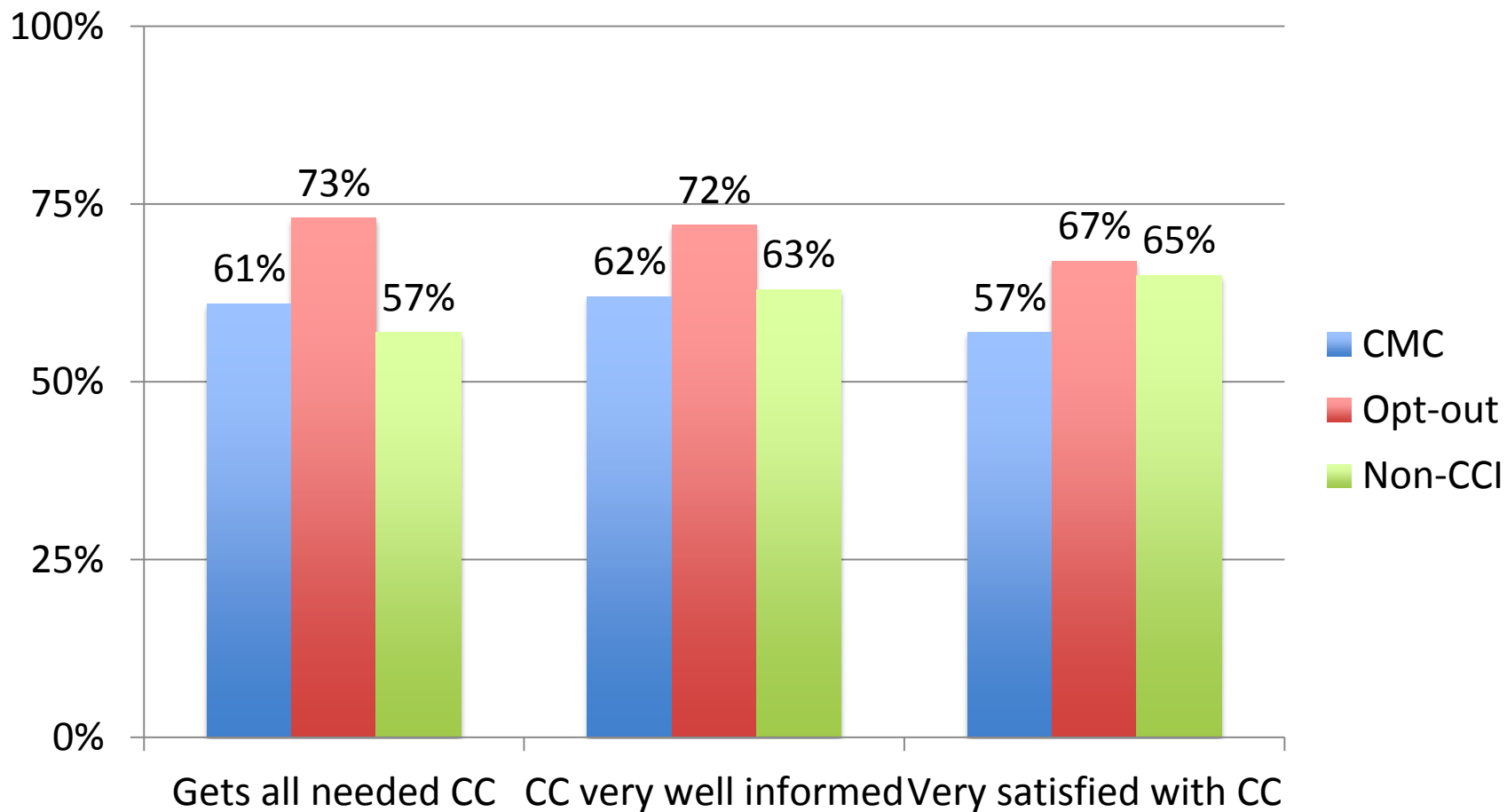


*Difference between CCI & non-CCI counties is statistically significant

Care/service coordination

- Cal MediConnect participants:
 - Only 35% of LTSS duals had been contacted by a care coordinator from the MCO
 - MCO care coordinators helped only 6% of LTSS duals access LTSS
- In contact with **any** care coordinator in prior 6 months
 - 23% of LTSS duals who opted out
 - 21% of LTSS duals in non-CCI counties

Satisfaction with care coordination among LTSS duals



Differences are **not** statistically significant

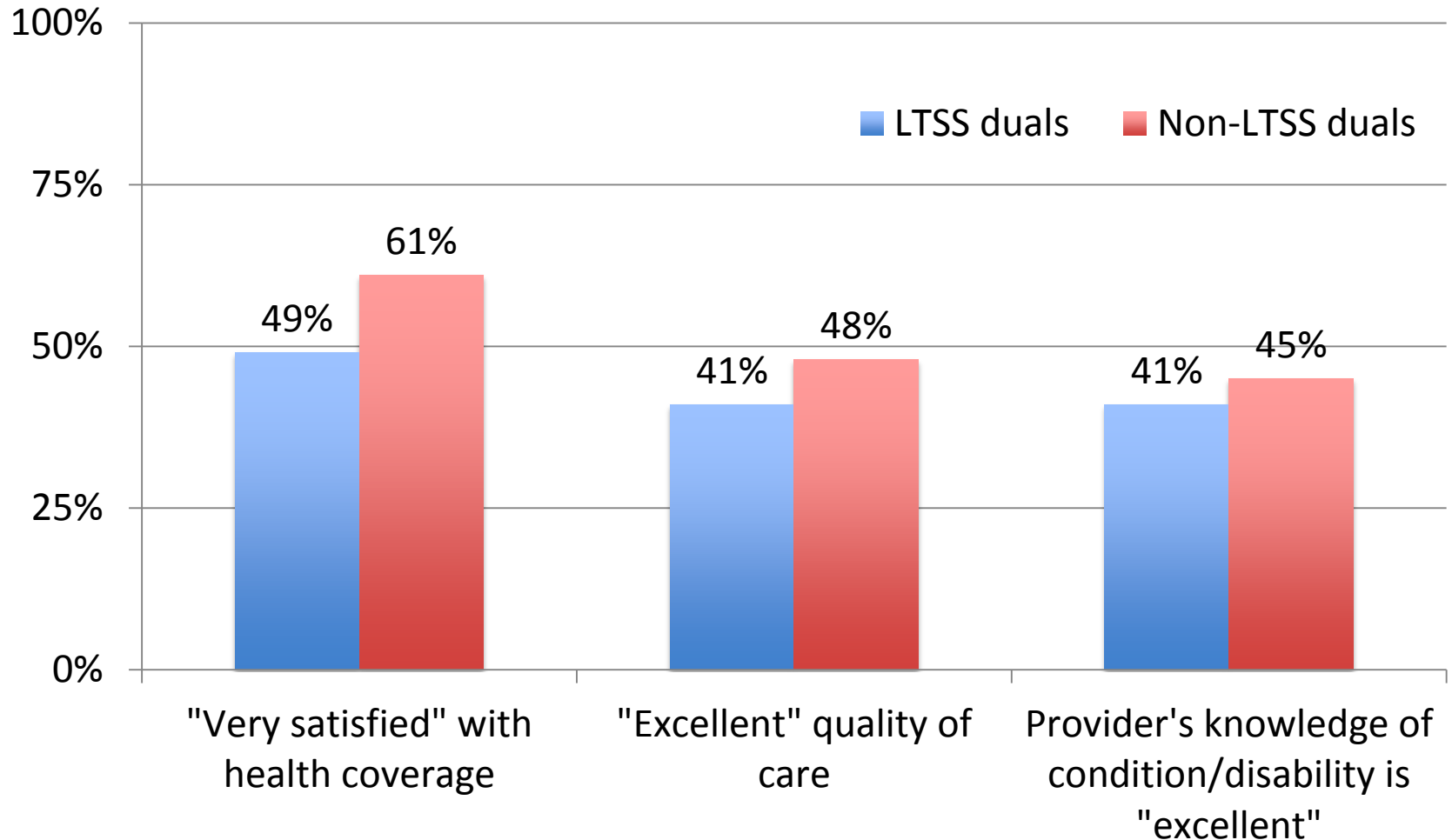
Individualized care plan

- Only 32% of CMC LTSS duals remembered getting an individualized plan of care
 - 25% didn't know, and 43% didn't get one
- Of those getting a plan:
 - 49% said the plan mentioned their LTSS
 - 50% said the plan contained information that was "very important" to them

MCO involvement in LTSS

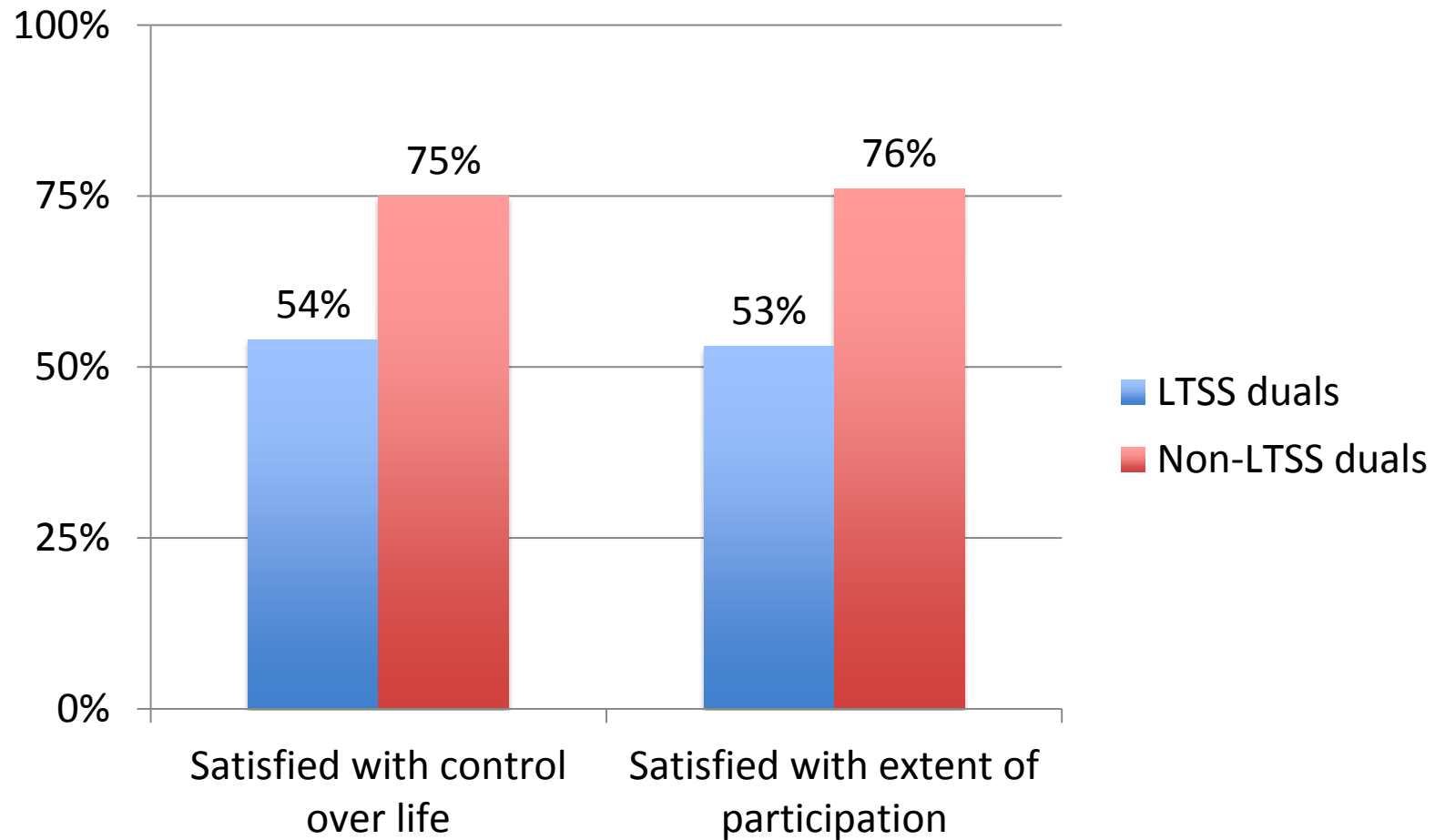
- CMC MCOs had discussed LTSS with only 35% of LTSS duals (also 35% for opt-outs)
- Very few had their LTSS changed in any way
 - 8% of CMC participants
 - 7% of opt-outs
 - Even fewer have seen increased services
- “Has the plan done anything to make it safer or easier for you to live in your own home”?
 - 24% of CMC LTSS duals said yes
 - Only a few reported home modifications
 - Others said personal assistance, assistive technology, transportation, information

Consumer rating of healthcare



No significant differences between CMC/Opt-out/Non-CCI

Control and participation



No significant differences between CMC/Opt-out/Non-CCI

What does the future hold?



- What will the follow-up survey tell us?
- The unique California model
- How other states handle managed LTSS
- Can California do better in truly integrating LTSS into managed care?