

4.5.1 Model of Care Overview

The purpose of L.A. Care Cal MediConnect is to provide Dual-Eligible Members with the full, seamless, person-centered continuum of medical care and social supports and services needed to maintain good health and remain in the community with quality of life. This is intended to be achieved through risk stratification and assessment processes, care management capacity, outreach and enrollment strategies for hard-to-reach populations, a large and diverse network of public and private Providers, and health information technologies. The Cal MediConnect program will build on L.A. Care's extensive Medi-Cal and Medicare networks and local stakeholder relationships to coordinate and streamline the full range of primary, acute, behavioral, and long-term services and supports.

The L.A. Care Cal MediConnect "Model of Care" demonstrates various methodologies to coordinate and provide services and care to Members who are frail, disabled, have multiple chronic illnesses, and require end of life care. The Model of Care aims to delay institutional placement and manage the complex chronic health conditions of the Dual-Eligible population. The Cal MediConnect Model of Care provides a comprehensive approach to health care delivery in a delegated network to Members in danger of premature institutionalization, via the following:

4.5.1.1 Network – To ensure an adequate network of primary and specialty care practitioners, L.A. Care's Provider Network Management has established quantifiable standards for both geographic distribution and the ratio of Providers to Members of PCPs and high volume specialists. L.A. Care endorses and promotes comprehensive and consistent standards for accessibility to, and availability of, health care services for all Members. L.A. Care will measure compliance with these standards and implement interventions to improve access to, and availability of, health care services as appropriate.

4.5.1.2 Behavioral Health – Cal MediConnect delegates Behavioral Health services to a Managed Behavioral Health Organization (MBHO), and collaborates with behavioral health practitioners using information collected to improve coordination between medical and behavioral care. L.A. Care has established quantifiable standards to align with federal, state, and accreditation requirements for measuring emergent, urgent and routine appointment access to behavioral health services.

4.5.1.3 Health Risk Assessment – Cal MediConnect conducts outreach to Members to perform the health risk assessments that ensure assessment and referral to the appropriate health plan program and access to plan benefits aimed at maintaining independence in the community. This includes referrals to various social service programs, such as MLTSS, MSSP, and CBAS services.

4.5.1.4 Cultural and Linguistic Services – L.A. Care's comprehensive program ensures medically necessary covered services are available and accessible to Members regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, sex, marital status, sexual orientation, health status, or disability.

4.5.1.5 Integrated Benefit Sets – Cal MediConnect’s Member access to care is improved by providing specialized care through combining available Medicare and Medi-Cal benefits. The ability to integrate benefit sets and provide enhanced or supplemental benefits improves the coordination of health care services.

4.5.1.6 Appropriate Utilization, Coordination, and Transition of Care – Appropriate utilization of services is assured by L.A. Care’s monitoring and measuring hospital-based care goals. These include reducing inappropriate/preventable or avoidable admissions, emergency room utilization, and premature institutionalization. Every Member will be offered a seamless, person-centered plan of care that integrates physical health, behavioral health, and MLTSS. The immediate goal is for every Member to have a Care Manager as a clearly identified point of contact for all coordination of care. Cal MediConnect has alternative service Providers and facilities necessary to support care transitions of Members.

4.5.1.7 Preventive Benefits – Cal MediConnect promotes the appropriate use of preventive benefits to provide early disease detection and intervene in the disease process to avoid complications.

4.5.1.8 Improved Outcomes – L.A. Care adopts evidence-based clinical practice guidelines promulgated by recognized sources (e.g. leading academic and national clinical organizations, including the California Guidelines for Alzheimer’s Disease Management) for selected conditions identified as relevant to its Membership. To understand and implement programs that are impactful to Members and their perception of their health, L.A. Care annually assesses Member satisfaction.

4.5.2 Utilization Management

L.A. Care may create mechanisms to help contain costs for providing health care benefits to Members. Such mechanisms may include, but are not limited to the following:

- Requiring prior authorizations for benefits
- Providing benefits in alternative settings
- Providing benefits by using alternative methods

More about Cal MediConnect Utilization Management is provided in Section 5, Utilization Management, of this Manual.