



# AGING & INDEPENDENCE SERVICES

COUNTY OF SAN DIEGO ■ HEALTH AND HUMAN SERVICES AGENCY

## LONG TERM CARE INTEGRATION PROJECT

April 1, 2003

Long Term Care Integration Project staff is pleased to announce that the strategic plan for the FY 2002-2003 Development Grant from the State Office of Long Term has been finalized and work has begun!

The San Diego LTCIP stakeholder team will benefit from the knowledge and guidance of three leading experts on long term care integration. The consultant team will provide the actuarial framework that will serve as the basis for the LTCIP vision of an integrated system of health, social and supportive services for elderly and disabled individuals based on the Healthy San Diego (HSD) delivery model.

In the very near future, meetings will be held with key staff from the Healthy San Diego health plans to determine unique operating network requirements for building infrastructure and to assess their cost and utilization data. This information will serve as the basis for providing recommendations on financing and operating models that will best serve to insure the success of Healthy San Diego health plans in implementing LTCIP.

The following team brings expertise in long-term care policy, research, program development, and actuarial analysis that will serve to assist LTCIP in identifying and assessing San Diego's distinctive needs, concerns and challenges regarding long-term care integration in San Diego County:

**Mark Meiners, Ph.D.** has 30 years experience specializing in the areas of aging and health with emphasis on long-term care related research, program development, and evaluation. As National Program Director for the Robert Wood Johnson Foundation Medicare/Medicaid Integration Program, Mark works closely with the Center for Medicare and Medicaid Services and has provided technical assistance and direction to more than 14 states who are interested in doing a program like that envisioned for San Diego County. Over the past year and a half he has also served as a principle consultant to the USC/UCLA California Center for Long Term Care Integration, the group tasked by the California Office of Long Term Care to help carry out County based integrated care as envisioned by AB 1040. In the course of this work, he has visited San Diego County on numerous occasions to meet with the key stakeholders.

**Charles Birmingham** has served as founder and chief executive officer of a company that pioneered the delivery of primary care and preventative medical services to nursing home residents. He was also cofounder of companies that managed physician multi-specialty practices and that provided specialized case management services to Medicaid systems, including a highly successful \$200 million Medicaid case management program for the Commonwealth of Massachusetts that served 375,000 people and managed over 1,000 providers on a capitated, at-risk basis. In addition, Charlie co-authored a plan for an External Quality Review Organization (EQRO) to assist HCFA in monitoring state health care reform initiatives. Currently, Charlie is assisting health plans in the development of disease management strategies; major health care organizations in assessing and executing strategic

<http://www.co.san-diego.ca.us/cnty/cntydepts/health/ais/ltc>

acquisitions; and early stage health care organization in business plan development. He is a co-founder of the Alliance for Special Programs for the Frail Elderly. He has commissioned and managed actuarial studies that range in size and purpose from a waived Medicaid carveout in Massachusetts that involved modeling \$200 million in risk, allocated in three capitated rates for 375,000 lives under management to modeling a fully capitated “health plan within a health plan” that used nurse practitioners to provide better primary care and preventive medicine to frail seniors living in nursing homes.

**Karin Kalk** will be working directly with Charlie. Karen most recently served as Senior Vice President of a company providing geriatric medical services in long term care settings, in which capacity she was successful in identifying and developing processes to improve revenue for nursing home residents enrolled in statewide health plan. In prior professional roles, she has been Vice President of Operations for a publicly-traded \$130 million physician management company and director of planning for the UCI Medical Center where she developed a health assessment program for seniors and new post-acute services. As a consultant currently to the San Diego County Health and Human Services Agency, Karin has helped to lead efforts to develop a Compliance Program, to implement a research-based clinical protocol for the mental health disease state for County Mental Health Services, and to evaluate accounting and operational improvements for County-based clinical pharmacy.

**David Ogden** and the Milwaukee health practice of Milliman USA have extensive actuary experience in working with health plans, states and other entities that serve the Medicare and Medicaid populations. The group has analyzed data, projected costs and capitations, developed risk sharing options, recommended capital requirements and other tasks in several long term care related projects across the nation including the Minnesota Senior Health Options, Minnesota Disabled Health Options, Wisconsin Family Care, CalOptima, as well as other projects in the States of Florida, Arizona and Texas. Over the last 50 years, Milliman USA has grown into one of the largest, independent actuarial consulting firms in the United States

Our team of experts will work together to develop recommendations on integrated care program models and actuarial assumptions to support those models. The final report (June 30, 2013) will recommend potential data summaries that will best allow decision-making on populations and services to be included in integrated care programs; make recommendations regarding the potential “phasing in” of populations and services; recommend potential capitation methodologies for the integration of acute and long term care services for the aged and disabled; and make recommendations for potential capitation service allocations and risk sharing approaches.