

## Coordinated Care Initiative Executive Summary

FACT SHEET | Updated March 2013

Passage of the Coordinated Care Initiative (CCI) in 2012 marked an important step toward transforming California's Medi-Cal (Medicaid) care delivery system to better serve the state's low-income seniors and persons with disabilities. Building upon many years of stakeholder discussions, the CCI begins the process of integrating delivery of medical, behavioral, and long-term care services and also provides a road map to integrate Medicare and Medi-Cal for people in both programs, called "dual eligible" beneficiaries.

Created through a public process involving stakeholders and health care consumers, the CCI was enacted through [SB 1008](#) (Chapter 33, Statutes of 2012) and [SB 1036](#) (Chapter 45, Statutes of 2012).



### Two Parts of the Coordinated Care Initiative

- 1 *Cal MediConnect*: A voluntary three-year demonstration program for Medicare and Medi-Cal dual eligible beneficiaries will coordinate medical, behavioral health, long-term institutional, and home- and community-based services through a single health plan. The CCI provides state authority for Cal MediConnect. The MOU executed in March 2013 with the federal Centers for Medicare & Medicaid Services (CMS) provides federal approval.
- 2 *Managed Medi-Cal Long-Term Supports and Services (LTSS)*: Nearly all Medi-Cal beneficiaries age 21 and older,<sup>1</sup> including dual eligible beneficiaries, will be required to join a Medi-Cal managed care health plan to receive their Medi-Cal benefits, including LTSS and Medicare wrap-around benefits.

### Better Care Improves Health and Drives Lower Costs

The CCI is expected to produce greater value for the Medicare and Medi-Cal programs by improving health outcomes and containing costs; primarily through shifting service delivery into the home and community and away from expensive institutional settings. Better prevention will keep people healthy. Better care coordination will reduce unnecessary tests and medications. Better chronic disease management will help people avoid unnecessary hospital care.

<sup>1</sup> Populations excluded from passive enrollment into Cal MediConnect and mandatory enrollment in Medi-Cal managed care can be found on a populations summary fact sheet: [www.calduals.org/wp-content/uploads/2013/03/CCIPopulationSummary.pdf](http://www.calduals.org/wp-content/uploads/2013/03/CCIPopulationSummary.pdf)

Under the CCI, the participating managed care health plans will receive a monthly payment to provide beneficiaries access to all covered, medically necessary services through a process called “capitation.” These capitated payments create strong financial incentives for health plans to ensure beneficiaries receive preventive care and home- and community-based options to avoid unnecessary admissions to the hospital or nursing home.

Significant stakeholder feedback informed the beneficiary protections needed to drive success and quality in the CCI’s design and implementation. The CCI includes comprehensive protections to ensure beneficiary health, safety, and high quality care delivery, including medical care, LTSS, and behavioral health.

## Coordinated Care Initiative Goals

By consolidating the responsibility for all of these covered services into a single health plan, the CCI expects to achieve the following goals:

- 1 Improve the quality of care for beneficiaries.
- 2 Maximize the ability of beneficiaries to remain safely in their homes and communities, with appropriate services and supports, in lieu of institutional care.
- 3 Coordinate Medi-Cal and Medicare benefits across health care settings and improve continuity of care across acute care, long-term care, behavioral health, and home- and community-based services settings using a person-centered approach.
- 4 Promote a system that is both sustainable, person- and family-centered, and enables beneficiaries to attain or maintain personal health goals by providing timely access to appropriate, coordinated health care services and community resources, including home- and community-based services and mental health and substance use disorder services.

## Location and Timing

The CCI will be implemented in eight counties no sooner than October 2013. The eight counties are Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.

The participating health plans are part of the state’s existing network of Medi-Cal health plans and have experience providing Medicare managed care. Each underwent a rigorous selection process.

## Implementation Status

With the signing of the MOU in March 2013, the state and federal governments will now conduct a comprehensive readiness review to evaluate each health plan’s major systems

Counties and Primary Health Plans Implementing the CCI	
County	Health Plans
<a href="#">Alameda</a>	Alameda Alliance for Health
	Anthem Blue Cross
<a href="#">Los Angeles</a>	L.A. Care
	Health Net
<a href="#">Orange</a>	CalOptima
	Care 1st
<a href="#">San Diego</a>	Community Health Group
	Health Net
	Molina Health
<a href="#">San Mateo</a>	Health Plan of San Mateo
	Inland Empire Health Plan
<a href="#">Riverside</a>	Molina Health Care
<a href="#">San Bernardino</a>	Inland Empire Health Plan
	Molina Health Care
	Anthem Blue Cross
<a href="#">Santa Clara</a>	
	Santa Clara Family Health Plan

and ensure they are prepared to provide the required continuity of care, seamless access to medically necessary services, and coordinate care across LTSS, behavioral health and medical care. Health plans must pass this review before three-way contracts between the health plans, CMS, and DHCS are signed and before any beneficiary is enrolled.

### ***Enrollment Process***

Enrollment will begin no sooner than October 2013. Notification of these changes will be mailed to eligible participants starting in July 2013.

Enrollment will be phased in over 12 months in all participating counties, except Los Angeles and San Mateo. In Los Angeles, enrollment will be phased in over 15 months. In San Mateo, enrollment will happen all at once in October 2013 (except for those in a non-demonstration plan D-SNP, which will be completed by January 2014).

### ***Understanding Enrollment for Different Populations***

- For people with both Medicare and Medi-Cal eligible for Cal MediConnect:** The state will use a passive enrollment process. This means that the state will enroll eligible individuals into a health plan that combines their Medicare and Medi-Cal benefits unless the individual actively chooses not to join and notifies the state of this choice. The state will send eligible individuals multiple notices describing their choices, including the option to “opt out” of joining a Cal MediConnect health plan.

**“Opting out”:** This is when an eligible beneficiary chooses not to join a demonstration health plan and keep his or her Medicare benefits separate and out of the demonstration health plan. Beneficiaries who enroll in a Cal MediConnect health plan may opt out or change health plans at any time.

**Note:** Opting out applies only to Medicare benefits. Beneficiaries must still get their Medi-Cal benefits through a health plan, as described below. This
- For nearly all people with Medi-Cal:** The state will require mandatory enrollment into a Medi-Cal health plan. This means that nearly all people with Medi-Cal in the eight CCI counties **MUST** get all their Medi-Cal benefits, including long-term services and supports, through a Medi-Cal health plan. Most people with only Medi-Cal already are enrolled in a Medi-Cal health plan; now they will also get their long-term supports and services through their health plan.
- For people with both Medicare and Medi-Cal who do not enroll in a Cal MediConnect Health Plan:** The state will require enrollment in a Medi-Cal plan for all Medi-Cal long-term services and supports and any Medicare deductibles or costs. For dual eligible beneficiaries, enrolling in a Medi-Cal health plan does not change their Medicare benefits. They can still go to their Medicare doctors, hospitals, and providers.

### **Participating Populations**

An estimated 456,000 dual eligible beneficiaries will be eligible for passive enrollment into the Cal MediConnect program in the eight counties, with a maximum of 200,000 in Los Angeles County. An estimated one-third of those beneficiaries already are enrolled in managed care for Medi-Cal, Medicare, or both. Certain people with Medicare and Medi-Cal will not be eligible to enroll in a Cal MediConnect health plan. (A full list of the populations included and excluded is listed in another fact sheet.)

While nearly all people with Medi-Cal in the eight CCI counties will be required to enroll in a Medi-Cal health plan, there are some exceptions. (All exceptions are listed in a separate fact sheet.)

Dual eligible beneficiaries and Medi-Cal seniors and persons with disabilities are among California's highest-need residents. They tend to have many chronic health conditions and need a complex range of medical and social services from many providers. This fragmentation leads to beneficiary confusion, poor care coordination, inappropriate utilization, and unnecessary costs.

Under the CCI, enrolled beneficiaries will have one point of contact for all their covered benefits. They will have one health plan membership card and access to a nurse or social worker whose job is to act as a care coordinator or navigator and help beneficiaries receive the services needed to achieve their personal health goals and continue living in the setting of their choice. The state is developing care coordination standards that will guide how services are linked.

### **Managed Long-Term Supports and Services**

The following Medi-Cal long-term services and supports will only be available through a health plan in the eight CCI counties. The health plan may be a Cal MediConnect health plan or a Medi-Cal only plan, depending on a beneficiary's coverage and choices.

- **In-Home Supportive Services (IHSS)** is personal care for people who need help to live safely at home. In a health plan, people will keep their IHSS providers and can still hire, fire, and manage them. The county IHSS social worker will still assess consumers' needs and approve IHSS hours. The rights to appeal will stay the same.
- **Community Based Adult Services (CBAS)** is adult day health care provided at special centers. This service is available through the health plans.
- **Multipurpose Senior Services Program (MSSP)** provides social and health care coordination services for people 65 and older. Health plans will work with MSSP providers to provide this service.
- **Nursing home care** is long-term care provided in a facility. Health plans will work with enrollees, their doctors and the nursing homes to coordinate care.

### **Behavioral Health Coordination**

Cal MediConnect health plans are responsible for ensuring enrollees have seamless access to all necessary behavioral health services. They will be financially responsible for all Medicare behavioral health services. However, Medi-Cal specialty mental health and Drug Medi-Cal services are carved out of Cal MediConnect benefit packages because they are financed and administered by counties. Cal MediConnect health plans will be expected to coordinate services with county behavioral health agencies.