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## Coordinated Care Initiative Participating Populations

FACT SHEET | Updated March 2013

California's Coordinated Care Initiative (CCI), adopted in July 2012, makes significant progress toward integrating the delivery of medical, behavioral, and long-term care Medi-Cal services, and also provides a road map to integrate Medicare and Medi-Cal for people on both programs, called "dual eligible" beneficiaries.

This fact sheet describes the populations affected by the CCI in the eight participating counties: Alameda, San Mateo, Santa Clara, Los Angeles, Orange, San Diego, San Bernardino, and Riverside.

The CCI includes two parts: 1) Mandatory enrollment of all Medi-Cal beneficiaries (including dual eligible beneficiaries) into managed care for all Medi-Cal benefits, including long-term services and supports (LTSS<sup>1</sup>); and 2) optional enrollment into integrated managed care that combines Medicare and Medi-Cal benefits, known as Cal MediConnect.

### Cal MediConnect Population

#### *Eligibility Criteria for Cal MediConnect*

To be eligible for coordinated Medicare and Medi-Cal benefits through Cal MediConnect, a beneficiary must:

- Live in one of eight counties: Alameda, San Mateo, Santa Clara, Los Angeles, Orange, San Bernardino, Riverside, and San Diego.
- Be age 21 or older.
- Have full benefits, meaning they have full Medicaid (Medi-Cal) coverage and are enrolled in Medicare Parts A and B (including those who receive Parts A and B through a Medicare Advantage Plan) and eligible for Part D.
- If they have a Medi-Cal share of cost, they must meet it each month by being in a Medi-Cal-funded nursing facility or receiving In-Home Supportive Services (IHSS).

#### *Groups Excluded from Cal MediConnect*

Even if they meet the above criteria, the following dual eligible beneficiaries are NOT permitted to enroll in Cal MediConnect:

- Beneficiaries with other private or public health insurance.

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<sup>1</sup> LTSS include In-Home Supportive Services (IHSS), Multipurpose Senior Service Program (MSSP), Community-Based Adult Services (CBAS), and nursing facilities.

- Beneficiaries with developmental disabilities receiving services through a Department of Developmental Services (DDS) 1915(c) waiver; regional center; state developmental center; or intermediate care facilities for the developmentally disabled (ICF/DD).
- Beneficiaries enrolled in the following 1915(c) waivers: Nursing facility/acute hospital waiver service, HIV/AIDS waiver services, assisted living waiver services, and In-Home Operations waiver services.
- Beneficiaries residing in 20 designated rural zip codes in San Bernardino, Los Angeles, and Riverside counties.
- Beneficiaries residing in a veterans' home of California.
- Beneficiaries with end stage renal disease (ESRD) in all counties except for San Mateo and Orange. (If a beneficiary develops ESRD after enrolling in a Cal MediConnect plan, he or she may stay enrolled in that plan.)
- Enrollment in Los Angeles will be capped at 200,000 participants.

### **Passive Enrollment into Cal MediConnect**

Enrollment into Cal MediConnect for coordinated delivery of both Medicare and Medi-Cal benefits is voluntary and will occur through a passive enrollment process. The passive enrollment process will be phased in with county-specific timelines. Through this process, beneficiaries will receive multiple notices describing their choices about enrolling in Cal MediConnect. If they do not notify the state that they choose to “opt out” and not join a Cal MediConnect plan, they will be passively enrolled into a health plan assigned to them by the state.

After the Cal MediConnect enrollment begins, eligible beneficiaries may voluntarily enroll at any time; they do not need to wait until their assigned month of passive enrollment.

### ***Groups Exempt from Passive Enrollment into Cal MediConnect***

The following groups of beneficiaries may voluntarily enroll in Cal MediConnect, but will not be part of the passive enrollment process:

- Beneficiaries enrolled in a Program of All-Inclusive Care for the Elderly (PACE).
- Beneficiaries enrolled in the AIDS Healthcare Foundation.
- Beneficiaries in certain rural zip codes in San Bernardino County (different than the excluded zip codes).

Beneficiaries enrolled in a Medicare Advantage plan, including Dual Eligible Special Needs Plans (D-SNPs), may voluntarily enroll in the demonstration at any time. These beneficiaries will be passively enrolled in January 2014. Any beneficiaries included in the Medicare reassignment to a different Medicare Prescription Drug Plan also will be eligible for passive enrollment into a Cal MediConnect plan in January 2014.

## **Mandatory Enrollment into Medi-Cal Managed Care**

Under the CCI, Medi-Cal managed care health plans will begin providing coordinated LTSS, such as skilled nursing and home- and community-based services, including IHSS, Community-Based Adult Services (CBAS), and MSSP.

All Medi-Cal beneficiaries in the eight CCI counties will be required to enroll in a Medi-Cal managed care plan except for the following groups:

- Beneficiaries younger than age 21.
- Beneficiaries with developmental disabilities residing in an intermediate care facility for the developmentally disabled (ICF/DD) in except for San Mateo and Orange counties.
- Beneficiaries residing in a veterans' home of California.
- Beneficiaries with other health insurance, except in San Mateo and Orange counties.
- Beneficiaries enrolled in PACE.
- Beneficiaries enrolled in the AIDS Healthcare Foundation.
- Beneficiaries in certain rural zip codes.
- Medi-Cal-only beneficiaries excluded due to an approved Medical Exemption Request.