



The Coordinated Care Initiative's Commitment to Quality

California's Coordinated Care Initiative (CCI), adopted in July 2012, promotes integrated 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." The proposal is pending approval with the Federal government.

The CCI applies to eight counties: Alameda, San Mateo, Santa Clara, Los Angeles, Orange, San Diego, Riverside and San Bernardino. It has 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 (LTSS¹); and
- 2) Optional enrollment into integrated managed care that combines Medicare and Medi-Cal benefits, known as the "duals demonstration."

California's Commitment to Ensuring High Quality Care

Ensuring high quality care is a top priority for the Department of Health Care Services (DHCS), which operates the Medi-Cal program. The State completed a rigorous process selecting the health plans to participate in the CCI. This process considered a range of factors – including a plan's ability to coordinate and deliver high quality care. In addition, all plans are required to meet Medicare's requirements for participating in Medicare managed care. This fact sheet describes state efforts to advance high quality care delivery.

DHCS meets with CCI health plans weekly to ensure that they are taking steps to continuously improve the quality of their service delivery. The State has systems in place to promote health plan quality improvement and hold them accountable for their progress. Additionally, the DHCS has launched a quality improvement strategy in a five-year partnership with the Institute for Population Health Improvement (IPHI) at UC Davis Health System. Dr. Kenneth W. Kizer, one of the nation's leading authorities on public health and health care quality improvement and founding director of IPHI, will lead the effort.²

Comprehensive Monitoring and Oversight

Along with conducting its own evaluation and participating in the CMS evaluation of the demonstration, DHCS will oversee a rigorous quality monitoring process. The State, in collaboration with CMS, will establish a process for ongoing plan oversight and monitoring. Several state departments will jointly monitor the demonstration health plan activities and provide comprehensive oversight. The four state departments include: the Department of Managed Health Care, the Department of Health Care Services, the Department of Social Services, and the Department of Aging.³

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

² UC Davis Health System. Press release. Feb. 9, 2012. <http://www.ucdmc.ucdavis.edu/publish/news/iphi/6217>

³ DHCS. Programmatic Transition Plan: Coordinated Care Initiative. Page 21. Oct. 1, 2012. Available at: www.calduals.org/cci-documents/cci-transition-plan/

Rigorous Readiness Review

The joint State and Federal readiness review process will establish priorities for plan oversight. The State and Federal government are developing a readiness review process to examine key elements of health plan operations and policies, including member protections, enrollment, systems, staffing, care coordination processes, and communications. While specific review elements are still under development, the state and federal governments will carefully review the readiness of each health plan prior to allowing any member enrollment. Federal Medicare rules and procedures will continue to apply to the provision of medical care, while the state will take the lead on long-term services and supports (LTSS) issues.

Plans are required to meet a wide range of performance measures related to quality and improved health outcomes – including several tied to plan payment. The State is working with CMS and has enlisted experts to develop an evaluation framework. Up to 90 measures are being considered to track and evaluate demonstration outcomes. A core set of the final measures will be tied to health plan payment. These measures are being developed with stakeholder input and technical expertise from the UC Davis Health System Institute for Population Health Improvement.⁴

Demonstration health plans will meet Medicaid and Medicare quality standards. The plans in the demonstration are Medicare plans and required to fulfill Medicare benchmarks. The CCI sets new requirements previously not used for Medi-Cal health plans. This step will help ensure that the dual eligible beneficiaries receive high quality care. Under the requirements, participating health plans must have:

1. NCQA accreditation in the next three years, if not already accredited.
2. Experience in offering a Medicare product within the last three years.
3. Operations in place to connect enrollees with needed social and behavioral services.

Essential Beneficiary Protections

NCQA has reviewed and approved the models of care submitted by demonstration health plans. Jointly with the State, the National Committee for Quality Assurance (NCQA) reviewed and approved the health plans' models of care based on strict CMS requirements for providing comprehensive, high quality care. In these models of care, the plans describe essential elements for care coordination across medical, long-term care and behavioral health services.

Each health plan must coordinate care in accordance with the best practices developed by the National Quality Forum.⁵ These include: person-centered care; use of community and nonclinical services; development of an individual care plan; and interdisciplinary care teams. For more information on essential beneficiary protections required under the CCI, read the beneficiary protections fact sheet posted to www.CalDuals.org.

⁴ DHCS. Draft Duals Demonstration Quality Metrics. Available at: <http://www.calduals.org/workgroup/quality/>

⁵ National Quality Forum. Strategies Approach to Performance Measurement for Dual Eligible Beneficiaries. June 2012. Available at: <http://www.calduals.org/workgroup/quality/>