

Coordinated Care Initiative Executive Summary

FACT SHEET | Updated January 2019

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 project for Medicare and Medi-Cal dual eligible beneficiaries that coordinates 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,¹ including dual eligible beneficiaries who choose not to participate in Cal MediConnect, are 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.

¹ 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

Under the CCI, the participating managed care health plans 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 sustainable, person- and family-centered, and enables beneficiaries to attain or maintain personal health goals by providing access to coordinated health care services and community resources, including home and community-based services and mental health and substance use disorder services.

Location and Timing

Beginning in April 2014, the CCI began enrollment in some of these seven counties – 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 then conducted a comprehensive readiness review to evaluate each health plan’s major systems

Counties and Primary Health Plans Implementing the CCI	
County	Health Plans
Los Angeles	Anthem Blue Cross Cal MediConnect
	Blue Shield of California Promise Health Plan
	Health Net
	L.A. Care
	Molina Healthcare
Orange	CalOptima
San Diego	Blue Shield of California Promise Health Plan
	Community Health Group
	Health Net
	Molina Health Care
San Mateo	Health Plan of San Mateo
Riverside	Inland Empire Health Plan
	Molina Healthcare
San Bernardino	Inland Empire Health Plan
	Molina Healthcare
Santa Clara	Anthem Blue Cross Cal MediConnect
	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 began in April 2014. Notification of these changes were mailed to eligible participants starting in January 2014.

Enrollment was phased in over 12 months in all counties, except Los Angeles and San Mateo. The Los Angeles passive enrollment strategy was developed separately, and in San Mateo, passive enrollment occurred the first month of the program.

Understanding Enrollment for Different Populations

- **For people with both Medicare and Medi-Cal eligible for Cal MediConnect:** The state is currently using a voluntary enrollment process. Beneficiaries who are new to Medi-Cal or who move into a CCI county receive a Resource Guide and Choice Book in the mail, which includes a Choice Form that they can use to make a health plan choice. Beneficiaries can also call Health Care Options to enroll or call their Medi-Cal plan directly.
- Previously, the state used a passive enrollment process. This meant that the state enrolled eligible individuals into a health plan that combines their Medicare and Medi-Cal benefits unless the individual actively chose not to join and notified the state of this choice. The state sent 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. 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 who opt out must still get their Medi-Cal benefits through a health plan, as described below.
- **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 requires 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 were eligible for passive enrollment into the Cal MediConnect program in the seven counties, with a maximum of 200,000 in Los

Angeles County. An estimated one-third of those beneficiaries were already 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 seven 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 have one point of contact for all their covered benefits. They 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 developed care coordination standards that guide how services are linked.

Managed Long-Term Services and Supports

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

- **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 work with MSSP providers to provide this service.
- **Nursing home care** is long-term care provided in a facility. Health plans work with enrollees, their doctors and the nursing homes to coordinate care.

As of 2018, In-Home Supportive Services (IHSS) are no longer a plan benefit, and will be provided at the county instead. **In-Home Supportive Services (IHSS)** is personal care for people who need help living safely at home. With either new health plan, people keep their IHSS providers and can still hire, fire, and manage them. The county IHSS social worker still assesses consumers' needs and approves IHSS hours. The rights to appeal stay the same.

Behavioral Health Coordination

Cal MediConnect health plans are responsible for ensuring enrollees have seamless access to all necessary behavioral health services. They are 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 are expected to coordinate services with county behavioral health agencies.