

State Profile for the Capitated Financial Alignment Demonstration

California: Cal MediConnect	
Dates	
Memorandum of understanding signed	March 27, 2013
Opt-in enrollment starts ¹	April 1, 2014–July 1, 2015
Passive enrollment starts ^{2,3}	Suspended
Enrollment	
Covered population	<ul style="list-style-type: none"> • age 21 and older; • not enrolled in certain home- and community-based services waivers, not residing in certain institutions, and meets certain continuous eligibility requirements; and, • living in one of the following seven counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara
Estimated number eligible as of March 2016	424,000
Number enrolled as of December 2017	118,130
Percent of eligible that opted out as of October 1, 2017	50 percent
Payment	
Number of participating plans	10
Savings percentage range	1–5.5 percent ⁴
Number of rating categories	4
Other risk mitigation strategies	Risk corridors
Benefits	
Expanded benefits	<ul style="list-style-type: none"> • transportation • vision
Carved out benefits	<ul style="list-style-type: none"> • behavioral health⁵ • hospice
Required community involvement	None
Care Coordination	
Number of days to complete health risk assessment	<ul style="list-style-type: none"> • within 45 days of enrollment for high-risk enrollees • within 90 days of enrollment for low-risk enrollees
Number of days to establish individualized care plan	Within 30 working days of completing the health risk assessment
Education requirements for care coordinator	Not specified
Care coordinator caseload requirements	Not specified
Number of days to maintain continuity of care from previous coverage	Maintain non-participating providers and services for 12 months ⁶
Consumer Protections	
Integrated Medicaid and Medicare appeals process	No
Ombudsman	Health Consumer Alliance

Notes:

¹ Opt-in and passive enrollment had varying start dates by county or region.

² In May 2016, California announced that it would also suspend passive enrollment into the program beginning July 2016. Eligible beneficiaries can enroll into the program voluntarily and be enrolled mandatorily into an MLTSS program (California Department of Health Care Services 2016).

³ Prior to the suspension of passive enrollment, Santa Clara and San Mateo counties automatically enrolled beneficiaries in the demonstration without an initial opt-in enrollment period (CalDuals 2014).

⁴ In California, the state establishes minimum savings percentages but each county adds county-specific interim savings percentages (CMS 2013).

⁵ Plans are financially responsible for all Medicare behavioral health services, with the exception of some Medicaid specialty mental health rehabilitative and targeted case management services and non-Medicare drug services that are not included in the capitated payment. These services are financed and administered by county agencies under the provisions of the state's Medicaid managed care waiver and its regular Medicaid state plan.

⁶ In May 2016, California changed the length of time an enrollee can continue to see a non-participating provider or receive non-covered services from 6 to 12 months to provide continuity of care (California Department of Health Care Services 2016).

Sources:

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California Department of Health Care Services, State of California. 2017. *Cal MediConnect monthly enrollment dashboard as of October 1, 2017*. Sacramento, CA: California Department of Health Care Services. <http://calduals.org/wp-content/uploads/2017/11/October-2017-CMC-Enrollment-Dashboard.pdf>

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