



California Advancing and Innovating Medi-Cal (CaAIM)

Mandatory Managed Care Enrollment

Department of Health Care Services (DHCS)
Stakeholder Engagement Webinar
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WELCOME

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CalAIM Summary

The Department of Health Care Services (DHCS) has developed a framework for the upcoming waiver renewals that encompasses broader delivery system, program and payment reform across the Medi-Cal program, called California Advancing and Innovating Medi-Cal (CalAIM).

CalAIM advances several key priorities of the Administration by leveraging Medicaid as a tool to help address many of the complex challenges facing California's most vulnerable residents, such as homelessness, insufficient behavioral health care access, children with complex medical conditions, the growing number of justice-involved populations who have significant clinical needs, and the growing aging population.



CalAIM Goals

CalAIM has three primary goals:

- Identify and manage member risk and need through Whole Person Care approaches and addressing social determinants of health;
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
- Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.



Mandatory Managed Care Enrollment



Background

- Medi-Cal provides benefits through both a fee-for-service and managed care delivery system.
- Enrollment into the fee-for-service delivery system or the managed care delivery system is based upon specific geographic areas, the health plan model, and/or the aid code that the beneficiary is determined to qualify for.



Proposal

- Standardize mandatory managed care enrollment verses mandatory fee-for-service enrollment, across all models of care and aid code groups, statewide.
- Beneficiaries in a voluntary or excluded from managed care enrollment aid code that are currently accessing the fee-for-service delivery system, would be required to choose a Medi-Cal managed care plan and will not be permitted to remain in fee-for-service.



Mandatory Managed Care Enrollment Populations

- Individuals eligible for long-term care services (includes long-term care share of cost populations)
- Trafficking and Crime Victims Assistance Program (except share of cost)
- Individuals participating in accelerated enrollment
- Child Health and Disability Prevention infant deeming
- Pregnancy-related Medi-Cal (Pregnant Women only, 138-213% citizen/lawfully present)
- American Indians
- Beneficiaries with other health care coverage
- Beneficiaries living in rural zip codes
- All dual aid code groups, except share of cost or restricted scope, will be mandatory Medi-Cal managed care, in all models of care starting in 2023



Mandatory Fee-for-Service Enrollment Populations

- Omnibus Budget Reconciliation Act: This population was previously mandatory managed care in Napa, Solano, and Yolo counties.
- Share of cost: beneficiaries in County organized health systems (COHS) and Coordinated Care Initiative counties
- Beneficiaries in the following aid code groups will have mandatory fee-for-service enrollment:
 - Restricted scope
 - Share of cost (including Trafficking and Crime Victims Assistance Program share of cost, excluding long-term care share of cost)
 - Presumptive eligibility
 - State medical parole, County compassionate release, and incarcerated individuals
 - Non-citizen pregnancy-related aid codes enrolled in Medi-Cal (not including Medi-Cal Access Infant Program enrollees).



Program Benefits

- Reduce the complexity of the varying models of care delivery in California.
- Populations moving between counties will have the same experience when receiving services.
- Allow for Medi-Cal managed care plans to provide more coordinated and integrated care.
- DHCS will be able to move to a regional rate setting process that will reduce the number of rates being developed.



Timeline

- Implementation in two phases:
 - **January 1, 2021:** Non-Dual and pregnancy related aid code group, and population based transitions
 - **January 1, 2023:** Dual aid code group transition (discontinuation of the Cal MediConnect Coordinated Care Initiative)



Managed Care Enrollment

*A review of the
Proposed Aid Code
Group Coverage*

(Appendix G: CalAIM Proposal)



Questions?



CalAIM Stakeholder Engagement

- **Attend DHCS Stakeholder Meetings.** While the majority of CalAIM issues will be discussed through the CalAIM workgroups, some will be presented for discussion during the [Stakeholder Advisory Committee \(SAC\)](#), [Behavioral Health Stakeholder Advisory Committee \(BH-SAC\)](#), and other DHCS sponsored stakeholder meetings.
- **Subscribe to Receive Email Updates.** DHCS issues a CalAIM newsletter to alert stakeholders about important announcements and to highlight upcoming stakeholder events focused on CalAIM. You can [subscribe](#) to DHCS' stakeholder email service to receive CalAIM updates.
- **Visit the CalAIM Website.** The [CalAIM page](#) on the DHCS website serves as a one-stop shop for information and materials regarding CalAIM.



Thank You

To submit additional comments on the CalAIM proposal,
please use the following email inbox:

CalAIM@dhcs.ca.gov