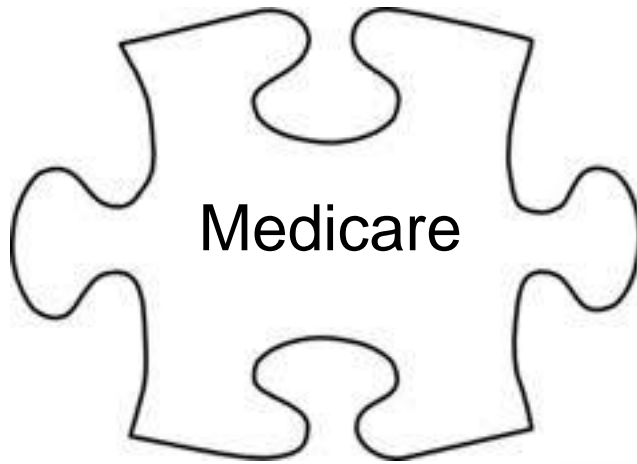


# California's Coordinated Care Initiative

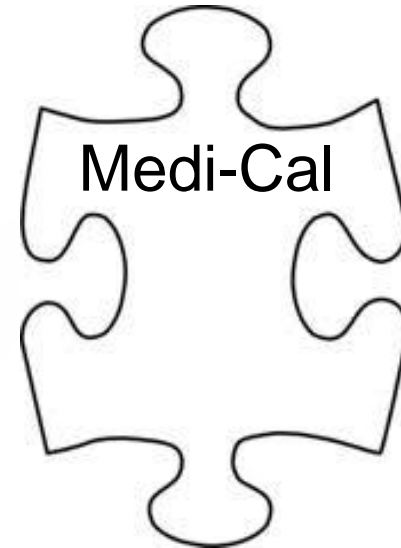
*March 2014*



# Medicare and Medi-Cal Today



- Doctors
- Hospitals
- Prescription drugs



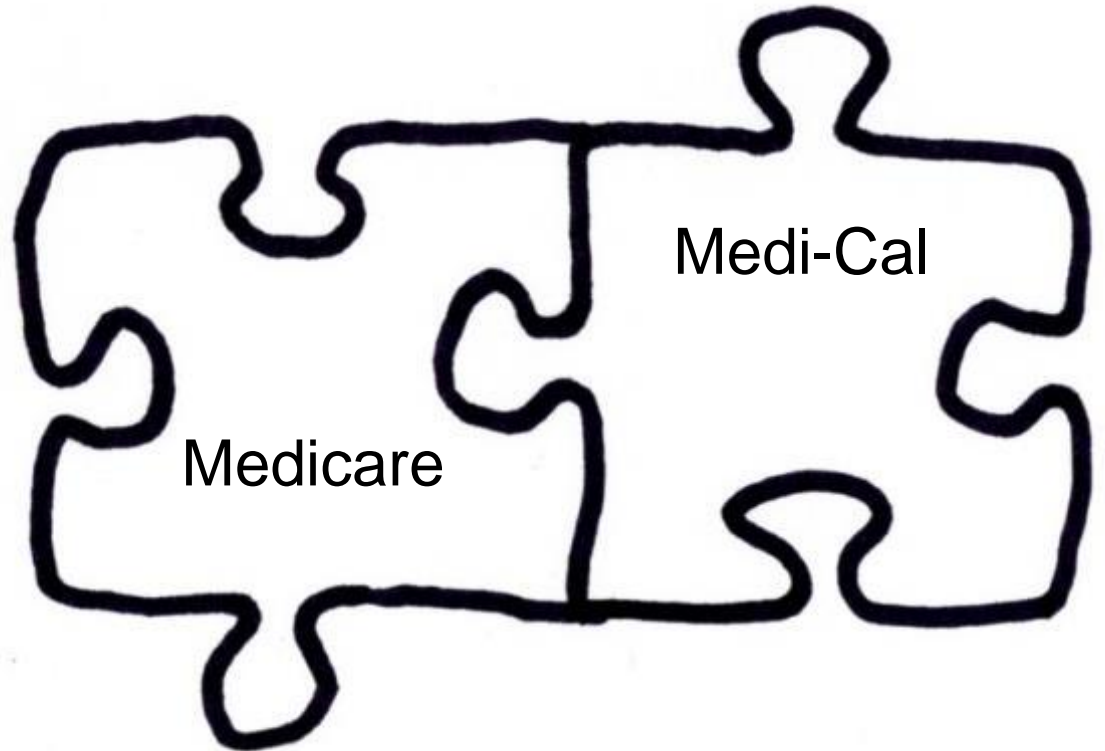
- Long-term services and supports
- Medicare wrap around
- Durable medical equipment

# The Necessity of Coordinated Care

- Some people with multiple chronic conditions see many different doctors and have multiple prescriptions.
- This is common among people with both Medicare and Medi-Cal (Medi-Medi or dual eligible beneficiaries) who are often sicker and poorer than other beneficiaries.
- Today's care delivery system doesn't always support the care coordination many people need. This leads to increased risk of admission to the hospital or nursing home.

# Cal MediConnect

- Right Care
- Right Time
- Right Place



# The Coordinated Care Initiative: Where



\*Participation in Orange County pending readiness reviews.

# The Coordinated Care Initiative: Two Parts

## Cal MediConnect

Who: many full dual eligible beneficiaries

- Optional
- Combines Medicare and Medi-Cal benefits into one managed care health plan
- Additional services, including care coordination

## Medi-Cal

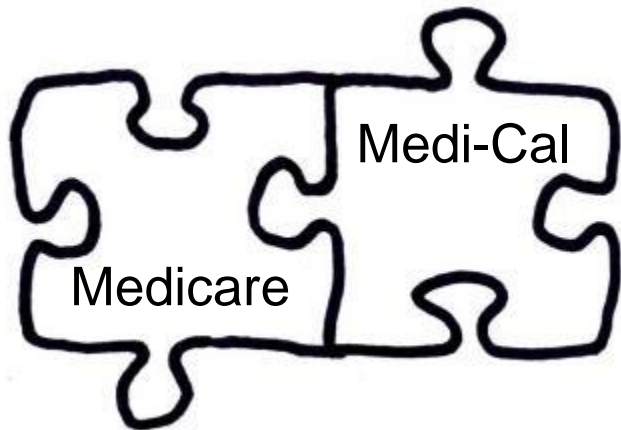
Managed Long-Term Services and Supports (MLTSS)

Who: Medi-Cal only beneficiaries, full dual eligibles who opt out of Cal MediConnect, other identified groups eligible for Medi-Cal

- Mandatory
- Beneficiaries will now receive Medi-Cal benefits through a managed care health plan, including LTSS and Medicare wrap-around.

# Cal MediConnect

- Who: dual eligible beneficiaries
- Optional



- All of the Original Medicare and Medi-Cal services beneficiaries currently receive, but combined into one health plan
- One number to call for all your needs
- Additional vision benefit
- Additional transportation benefit
- Access to Interdisciplinary Care Team
- Access to care manager
- Coordinated care

# Cal MediConnect

- Who: Medi-Medi beneficiaries
- Optional



## Why I Will Choose a Cal MediConnect Plan: Jim

“I like getting all my care from one Plan. It’s why I chose Cal MediConnect. My Plan manages both my Medicare and my Medi-Cal services. My doctors, hospital, long-term care are all in the same Plan. I call just one phone number for help.”



# Cal MediConnect

## Key Benefits for Consumers

- Support for coordinating care for beneficiaries, including a plan care coordinator
  - All beneficiaries will receive a health risk assessment, to help them and their providers develop, if appropriate, an individualized care plan
  - Interdisciplinary care teams will be available to help manage and coordinate care
- Additional Services:
  - Beneficiaries will receive supplemental vision and transportation benefits
  - Plans can offer additional services (known as care plan options) beyond the Medi-Cal benefit package

# Cal MediConnect Cost and CoPays

- There are no additional costs associated with joining a Cal MediConnect plan or MLTSS plan.
- Check with the Cal MediConnect plan about costs associated with Medicare Part D.
- Copays will be the same as they are now.
  - If an individual is a Medi-Medi this means they should currently not be billed from their provider, and this will remain the same under Cal MediConnect.

# People not eligible for Cal MediConnect

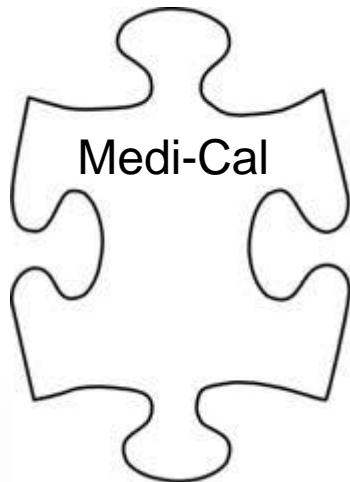
## You can't join Cal MediConnect if you:

- Are younger than 21.
- Receive developmental disability waiver services from a Regional Center.
- Do not meet your Medi-Cal share of cost, if you have one.
- Have End-Stage Renal Disease (ESRD), except in San Mateo County.
- Have other health coverage, such as retirement, veterans or private coverage.
- Live in a veterans home.
- Receive services through one of the following waiver programs; Nursing Facility/Acute Hospital, HIV/AIDS, Assisted Living, or In Home Operations (you must disenroll from these programs to enroll in Cal MediConnect, you will not be passively enrolled).
- Are enrolled in PACE (you must disenroll to be eligible for the Cal MediConnect; will not be passively enrolled).
- Live in some rural zip codes in Los Angeles, Riverside and San Bernardino Counties.

# Medi-Cal

## Managed Long-Term Services and Supports

- Who: Medi-Cal only beneficiaries, full dual eligibles who opt out of Cal MediConnect and other excluded populations
- Mandatory



- Same Medi-Cal services beneficiaries currently receive
- Medi-Cal long-term services and supports (MLTSS) will now be provided through managed care plans
- Non-emergency medical transportation and vision
- This impacts both beneficiaries not eligible for Cal MediConnect and beneficiaries who opt out of Cal MediConnect

# Medi-Cal

## Managed Long Terms Services and Supports

- Who: Medi-Cal only beneficiaries, full dual eligibles who opt out of Cal MediConnect and other excluded populations
- Mandatory



## Why I Will Enroll in Only a Medi-Cal Plan: Mary

“I knew I had to pick a Medi-Cal plan. I was also eligible for Cal MediConnect, but I wanted to keep my Medicare services as they are now. So I joined just a Medi-Cal health plan. It’s separate from Medicare. When I see my primary care doctor or need any Medicare services, I still use my Medicare card. The Medi-Cal plan pays my extra Medicare costs.”

# PACE

Program of All-inclusive  
Care for the Elderly

- Who: Medi-Medi beneficiaries and Medi-Cal beneficiaries
- Option available to those who are determined eligible

## You may be eligible to enroll in a PACE program

If you:

- Are 55 or older
- Live in your home or community setting safely
- Need a high level of care for a disability or chronic condition
- Live in a ZIP code served by a PACE health plan

# Medi-Medi Beneficiaries

Three  
options:

## 1. **Enroll in Cal MediConnect**

- Combine Medicare and Medi-Cal benefits under one plan

## 2. **Opt out of Cal MediConnect**

- Medicare remains the same (fee-for-service or Medicare Advantage plan)
- Beneficiaries **must** enroll in a Medi-Cal plan for their Medi-Cal benefits

## 3. **Enroll in PACE**

# Medi-Cal Only Beneficiaries

*Those who are not eligible for Cal MediConnect or who opt out still must enroll in a Medi-Cal managed care plan.*

Your  
Options:

## **1. Enroll in Medi-Cal managed care plan**

- All current Medi-Cal benefits
- IHSS, CBAS, MSSP and nursing facility care
- Non-emergency medical transportation
- Medicare share of cost, wrap-around benefits

## **2. Enroll in PACE**



# Cal MediConnect Plan Options

## Los Angeles

- Care1st, CareMore, Health Net, LA Care and Molina Health

## Orange\*

- CalOptima

## San Diego

- Care 1<sup>st</sup>, Community Health Group, Health Net and Molina Health

## San Mateo

- Health Plan of San Mateo

## Alameda

- Alameda Alliance and Anthem Blue Cross

## Santa Clara

- Anthem Blue Cross and Santa Clara Family Health Plan

## San Bernardino


- Inland Empire Health Plan and Molina Health

## Riverside

- Inland Empire Health Plan and Molina Health

\*Participation in Orange County pending readiness reviews.

# When to Expect Notices

-  Most beneficiaries will receive notices **90, 60, and 30 days** prior to their coverage date.
- Beneficiaries in Medi-Cal managed care who are NOT eligible for Cal MediConnect will receive **one notice** prior to the change in their benefit package as MLTSS is added to their existing plan.
- Cal MediConnect official information from the state will only arrive in **blue envelopes**.

# Choosing a Plan: The Notices



## 90 Day

- Information about the Coordinated Care Initiative



## 60 Day

- Information and material to enroll in Cal MediConnect, MLTSS or PACE
- The plan that is likely the best match for the beneficiary



## 30 Day

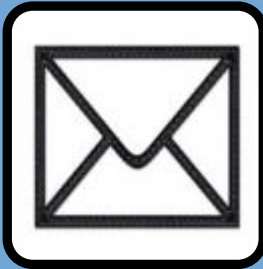
- Confirmation of the beneficiary's decision
- If no decision was made, this will provide information about the plan they were matched with

# Choosing a Plan: Who to Call

- Resources to help a beneficiary choose between plans:
  - The Health Insurance Counseling and Advocacy Program (HICAP): 1-800-434-0222
  - Health Care Options: (844) 580-7272 or TTY: (800) 430-7077
  - Medicare.gov > Plan Finder or 1-800-Medicare

# Choosing a Plan: What to Do

To choose one of the plans or to opt out of Cal MediConnect, a beneficiary can:



## Mail

- Mail back the 60 Day notice with their choice



## Call

- They can call Health Care Options at (844) 580-7272 and tell a customer service representative their choice

# Consumer Protections

The law establishing the CCI contains many protections, including:

- **Meaningful information of Beneficiary Rights and Choices**
  - Notices sent 90, 60, and 30 days prior to enrollment.
- **Self-Directed Care**
  - People will have the choice to self-direct their care, including being able to hire, fire, and manage their IHSS workers.
- **Appeal & Grievances**
  - People will receive full Medicare and Med-Cal appeals and grievances. There will be a special Ombudsman program for Cal MediConnect.
- **Strong Oversight & Monitoring**
  - Evaluation coordinated with DHCS and CMS.
- **Continuity of Care**
  - People can continue to see their Medi-Cal providers for 12 months and their Medicare providers for six months.

# Consumer Protections: Who To Call

- If a beneficiary has a complaint, their first contact should be the plan. Plans will have internal appeals and grievance procedures.
- If a beneficiary cannot resolve their complaint with the plan, they have several options:

Cal MediConnect Ombudsman Program (855) 501-3077  
(Starting April 2014)

Medi-Cal Managed Care Ombudsman (888) 452-8609

Office of the Patient Advocate (866) 466-8900

# Continuity of Care: Doctors

- If their doctor is not in one of the plans in their county, a beneficiary can work with the doctor and the health plan to continue to receive their services.

- **Continuity of Care**

- Medicare services – up to 6 months
- Medi-Cal services – up to 12 months

- After the 6 or 12 months, if their doctor does not join the network, the beneficiary will need to choose a provider in-network.



# Consumer Protections: Plan Readiness

- Ensuring Cal MediConnect and MLTSS plans are ready to provide a seamless transition for beneficiaries is a top priority.
- Plans have undergone thorough readiness reviews prior to beneficiary enrollment including on-site visits and desk reviews.
- California and CMS are continuing to watch very closely to ensure that the plans stay up to date with networks, systems, and resources.

# Questions or Comments

- Visit [CalDuals.org](http://CalDuals.org)
- Email [info@calduals.org](mailto:info@calduals.org)
- Twitter @CalDuals
- Contact your local HICAP: 1-800-434-0222
- Health Care Options: (844) 580-7272  
or TTY: (800) 430-7077

