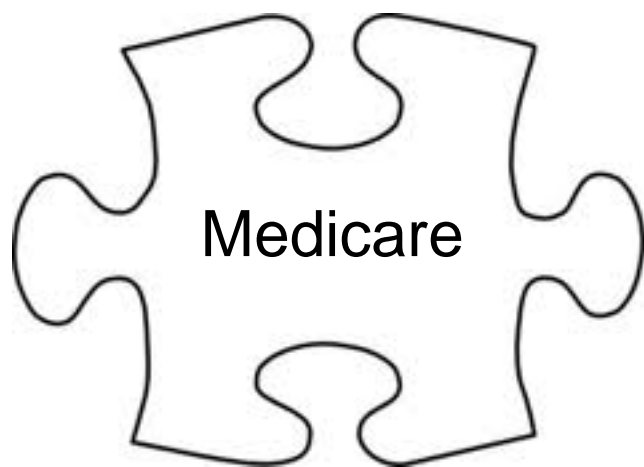


California's Coordinated Care Initiative

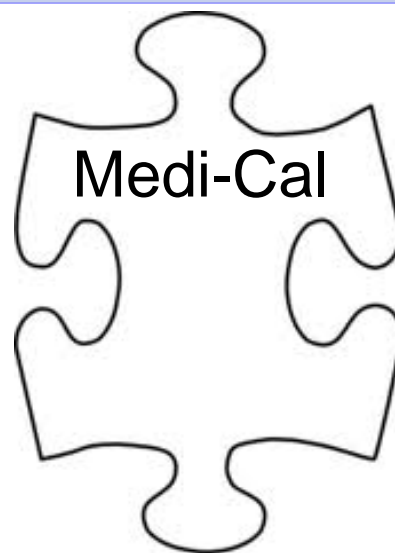
Advocate Presentation



Medicare and Medi-Cal Today



- Doctors
- Hospitals
- Prescription drugs



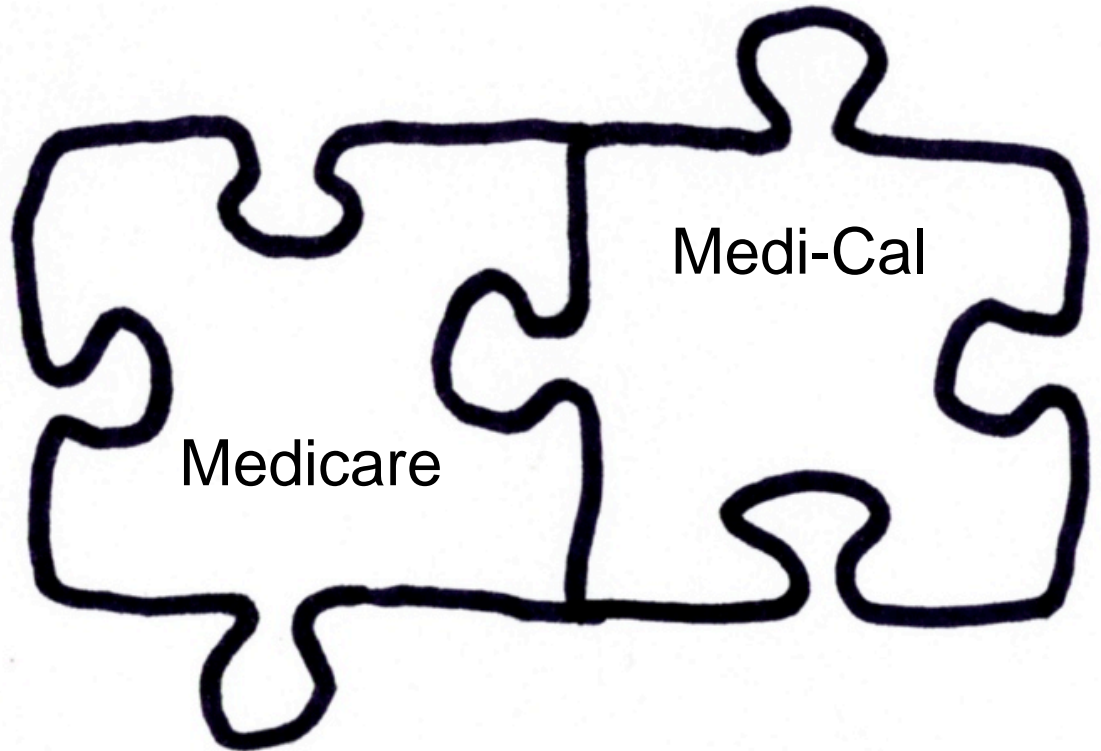
- Long-term services and supports
- Medicare wrap around
- Durable medical equipment

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, or 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

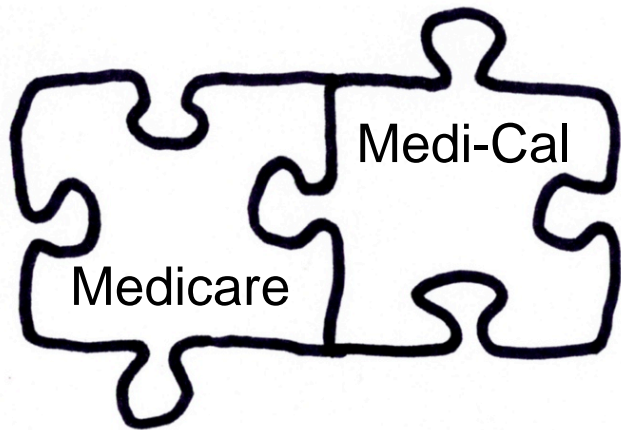
Managed Long-Term Services and Supports (MLTSS)

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

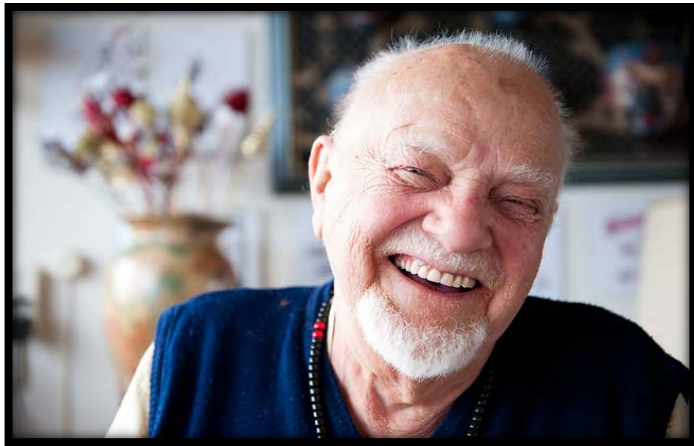
- Who: Medi-Medi beneficiaries
- Optional



- 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

- There are people who are not eligible for Cal MediConnect.

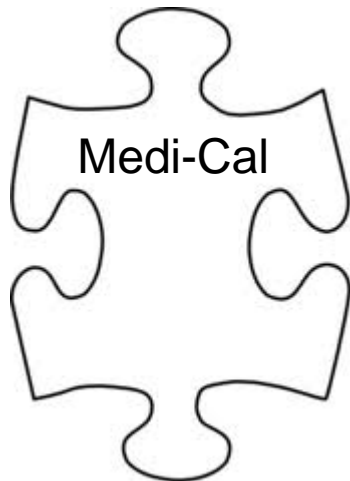
Exclusions:

- Medi-Medi beneficiaries younger than 21.
- Medi-Medis with partial benefits or other health coverage.
- Home and Community Based Services waiver enrollees (except MSSP; all others must disenroll from those programs to be eligible for the Cal MediConnect; will not be passively enrolled).
- Medi-Medis with developmental disabilities.
- Medi-Medis with end-stage renal disease (exception for San Mateo & Orange).
- PACE and AIDS Health Care Foundation enrollees (who must disenroll from those programs to be eligible for the Cal MediConnect; will not be passively enrolled).

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.

What to
do:

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

Health Plan Options

Los Angeles

- Health Net and LA Care (Care1st, CareMore)

Orange*

- CalOptima

San Diego

- Molina, Care 1st, Community Health Group, and Health Net

San Mateo

- Health Plan of San Mateo

Alameda

- Alameda Alliance and Anthem Blue Cross

Santa Clara

- Santa Clara Family Health Plan and Anthem Blue Cross

San Bernardino


- Inland Empire Health Plan and Molina

Riverside

- Inland Empire Health Plan and Molina

*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 **45 days** 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 MLTSS and Cal MediConnect
- The plan that is likely the best match for the beneficiary



30 Day

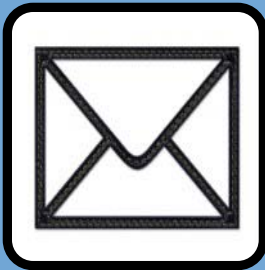
- Confirmation of the beneficiary's decision
- If no decision was made, this will provide information about the plan they were matched with

Choosing a Plan: Who to Call

- Resources to help a beneficiary choose between plans:
 - The Health Insurance Counseling and Advocacy Program (HICAP): [**INSERT County HICAP office name and number**]
 - 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 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)

Department of Managed Health Care Help Center (888) 466-2219

Office of the Patient Advocate (866) 466-8900

Consumer Protections: Continuity of Care

- If their provider is not in one of the plans in their county, a beneficiary can work with the provider 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, they can 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
- Email info@calduals.org
- Twitter @CalDuals
- Contact your local HICAP
- Health Care Options: (844) 580-7272 or
TTY: (800) 430-7077

