

**Health Insurance Counseling and Advocacy Program  
California Coordinated Care Initiative**

**Cal MediConnect and  
Medi-Cal Managed Long Term Services and Supports Health Plans**

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## Basic Plan Questions

### **1. What is the Coordinated Care Initiative? What is Cal MediConnect?**

- Medicare and Medi-Cal are two different programs. For people who enrolled in both programs, the differences in how these two programs work and what types of care they cover can be confusing. That can sometimes mean delays in getting care.
- Many people enrolled in both Medicare and Medi-Cal have multiple health conditions and may also need long-term supportive services (LTSS). So they may be receiving health and supportive services from several different health providers and social service programs. The existing Medicare and Medi-Cal systems were not originally designed to coordinate with each other. This can lead to poor care coordination when an individual needs to see several doctors or other health or social service providers or they are leaving a hospital, but still need additional assistance.
- California has been working closely with the federal government to make all of your Medicare and Medi-Cal benefits work together through the Coordinated Care Initiative. The Coordinated Care Initiative is being implemented in eight counties (Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara).
- There are two components to this Initiative:
  - Cal MediConnect—One component is a new type of health plan called Cal MediConnect health plans. These plans combine medical, behavioral and long-term care services into one integrated managed care plan. If you enroll in this type of plan, all of your existing Medicare and Medi-Cal benefits are included and will be coordinated by that one health plan.
    - In a Cal Medi-Connect health plan, your doctors, pharmacists and other providers will work together to help you stay healthy. You will receive a complete assessment of your needs, preventative care, and services in your home and community whenever possible, instead of in emergency rooms, hospitals and nursing homes.
    - Your quality of care should improve--coordinating your care will increase the focus on your wellness and make sure all the healthcare providers you see know about any changes in your health, the treatments you are receiving, and medications you are taking. This will reduce unnecessary tests, procedures, and medication interactions.
    - You will also receive supplemental benefits, including vision coverage and non-medical transportation services.

- Medi-Cal Managed Long Term Services and Supports

The second component of the Coordinated Care Initiative is that Seniors and Person with Disabilities (SPD) enrolled in Medi-Cal will now receive their long-term services and supports (LTSS) and their Medi-Cal medical benefits through a Medi-Cal Managed Care Plan.

The health plan will be responsible for coordinating their plan members' health care and long term services and supports (LTSS) to ensure that individuals get the services they need in a timely manner and that there is a focus on prevention and supporting individuals to remain as independent as possible at home and in their community.

## **2. Why Am I Being Enrolled?**

- The State and Federal government have developed this new program to improve the care you receive. People who have both Medicare and Medi-Cal often have many chronic and complex health conditions. They may need to see several doctors and also receive social services as well. The current care delivery system wasn't really designed to support the type of care coordination many people now need to maintain their health and independence.
- The California Coordinated Care Initiative focuses on improving the coordination of your Medicare and Medi-Cal medical, behavioral health, and long-term care services benefits.

## **3. Who Is Eligible for Cal MediConnect?**

- You must be over age 21, have full Medicare (coverage for both Part A [hospital] and Part B [your doctors and outpatient services]) and also be eligible for Medi-Cal, and live in Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo or Santa Clara counties; and
- If you have a Medi-Cal Share of Cost, you must meet it every month. (see Medi-Cal Section below);
- However, some individuals who are receiving certain services or who have particular health conditions may not be able enrolled.

## **4. What Are My Options? Can I Opt Out of a Cal MediConnect Plan?**

Depending on your eligibility, you have three different choices:

- Enroll in a Cal MediConnect plan to receive all of your Medicare and Medi-Cal benefits from one managed health care plan. If you need long-term services and supports, the health plan will coordinate closely with these programs and

services, such as In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), the Multi-Purpose Senior Services Program (MSSP) or nursing facility care; or

- Enroll in a Medi-Cal managed care plan for your long-term service and supports (noted above), but continue receiving your Medicare benefits as you currently do; or
- Enroll into a Program of All Inclusive Care for the Elderly (PACE) for your Medicare and Medi-Cal benefits. This program is available only to individuals who have significant health and long-term services and support needs due to a disability or chronic condition. (Available in certain zip codes in the following counties: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Santa Clara.)

## **5. How Will I Be Notified About My Options and When Do I Need to Decide?**

- Three months before your health plan changes occur, you will receive a letter from the California Department of Health Services. (If you are eligible for Cal MediConnect, it will arrive in a blue envelope). This first letter just lets you know these changes and new options are coming and to be on the alert for the next letter.
- You will receive a second notice approximately two months prior to when your health plan change will happen.

This packet will include your Health Plan Choice form, a booklet explaining your choices, and a directory of this Health Plan's primary care doctors and specialists.

This packet also will identify the Cal MediConnect Health Plan that might work well for you, as it contracts with your existing providers. If you do not choose a different health plan within 30 days after receiving that letter, you will be automatically enrolled into this plan. Enrollment in this plan will typically take effect the first day of your birth month, depending on your eligibility.

The Department of Health Care Services will make its best efforts to enroll you in a plan that contracts with your current providers. You can, however, choose to change your plan at any time.

After receiving this second mailing, you can choose to do nothing and enroll in the health plan selected for you or you can fill out the Choice form or call Health Care Options, to select a different Medicare option.

- The third letter will remind you that how you receive your Medicare and Medi-Cal will be changing. If you do nothing, you will be automatically enrolled in a

selected Cal MediConnect plan for all of your Medicare and Medi-Cal benefits and services. If you wish to enroll in a different Cal Medi-Connect Plan (if available) or another Medicare option, you need to do so now.

- But, if you choose not to enroll in a Cal MediConnect health plan, you still must enroll in a Medi-Cal Managed Care Plan for your Medi-Cal services and benefits.

## **6. What Information Should I Consider in Making this Decision?**

- The Department of Health Care Services identified the health plan that is the best fit with your current doctors and other health care providers. But you should contact this Cal MediConnect health plan's Member Services phone number to be sure your doctor(s) and other health care providers that you use are in the plan's network. If you want to find a new doctor, the health plan can help you find one.
- You will also want to make sure that the Cal MediConnect health plan's Medicare Prescription Drug formulary includes the medications that you need to take. Be sure to have the exact name of the prescription drug when calling the plan(s).
- You may also want to talk with family members, your doctor(s) or other people you rely on in making this decision. Individual counseling is also available from the local Health Insurance Counseling and Advocacy Program. (Also see response to Question 16.)

## **7. When Can I Enroll?**

- The enrollment start date differs by county. Generally, if you live in San Mateo, Orange, Riverside, San Bernardino, or San Diego counties, you will receive your enrollment information based on your birth date, starting April 2014. This means those with April birthdays will start receiving information January 2014.
- If you live in Los Angeles, you may be able to voluntarily enroll as soon as March 1, and coverage may begin no sooner than April 1.

## **8. How and When Can I Change My Medicare Health Plan?**

- Dual Eligible individuals can change their Medicare Health Plan at any time by calling Medicare at 1-800-Medicare (1-800-633-4227) to make this change.

## **9. What If I Want to Remain in My Medicare Advantage Plan, But That Plan Doesn't Have a Cal MediConnect or Medi-Cal Managed Care Plan?**

- You can remain in your existing Medicare Advantage Plan, but you must select a Medi-Cal Managed Care Plan as well. Those two plans will coordinate your services. You can enroll in any Medi-Cal Managed Care Plan in your county.

## **10. How Does the Cal MediConnect Transportation Benefit Differ From the Existing Medi-Cal Transportation Benefit?**

- Your existing Medi-Cal benefit includes transportation services to medical appointments if you require a litter van or a special vehicle with a wheelchair lift. Cal Medi-Connect Health Plans will include 30 one-way transports to medical appointments or other health-related trips, such as to pick up a prescription; they are available to all individuals in the health plan, not just those who need a litter van or wheelchair transport. This transportation will be provided through taxi vouchers.

## **Plan Network Issues**

### **10. Will My Doctors and Other Providers Change if I Enroll in Cal MediConnect?**

- Each Cal MediConnect plan has a network of doctors and other providers that they contract with. You can call the Cal MediConnect health plan to see if your current doctors and other providers are in their existing network. (See responses under Continuity of Treatment/Continuity of Care for additional information.)

### **11. Will I Need Preapproval To See a Specialist If I Enroll in Cal MediConnect?**

- If you are already being seen by a specialist and that specialist is in the Cal MediConnect network, you will not likely need pre-approval to continue seeing him or her up to six months after enrollment under continuity of care provisions for Medicare services. You should check with the health plan to see whether pre-approval by a primary care physician would be required.
- Certain protections exist for individuals joining a Cal MediConnect health plan that allow them to continue to receive treatment from a doctor or other provider for a certain period of time after they join a Cal MediConnect plan. See Continuity of Treatment/Continuity of Care.

### **12. Will the Medications I Am Taking Be Covered By My Cal MediConnect Plan?**

- Your Medicare Part D prescription medications will be included in your Cal MediConnect plan benefit.
- You should check with the Cal MediConnect plan(s) in your county to make sure that your current medications are covered. Be sure to have the exact name of the prescription drug when calling the plan(s).
- You can also check if the plan(s) covers your current medications on the Medicare Plan Finder at [www.Medicare.gov](http://www.Medicare.gov).

### **13. If I am in a County with More than One Cal MediConnect Health Plan, How Can I Compare the Differences in Their Benefits and Services?**

- All Cal MediConnect Health Plans will provide all of your current Medicare services and benefits as well as your existing Medi-Cal benefits. All Cal MediConnect Plans will also cover vision and non-medical transportation services and help coordinate your care.
- You should check with the Cal MediConnect Plans in your county to see whether:
  - Your doctors and other service providers are included in their provider networks;
  - Your medications are covered in their Medicare Prescription Drug formulary; and
  - The Plan provides any additional benefits or services.

### **14. If I Enroll in a Cal MediConnect Plan and Am Traveling Out-Of-State, Will I Still Have Coverage If I Need Medical Care?**

- Yes. Each Cal MediConnect plan makes provisions for you to receive emergency care and certain other services if they are needed when you are out of state. You will need to talk with your plan to understand the exact benefit.

### Continuity of Treatment/Continuity of Care

### **15. If the Cal MediConnect Plan's Provider Network Doesn't Include My Current Doctor(s), Can I Continue Seeing Them?**

- If you enroll in a Cal MediConnect plan and your current provider is not part of the health plan network, you have the right to continue to see your provider for a certain amount of time if you can show an existing relationship with the provider, with some exceptions. You will need to contact your plan to let them know that you would like to continue to see your current provider as part of your continuity of care rights. The health plan and your provider will then need to agree upon payment terms.
- For Medicare: If you join a Cal-MediConnect plan, you can continue to receive services from out-of-network Medicare doctors for up to 6 months. You must have an existing relationship with the provider, and they must agree to payment from the health plan based on the current Medicare fee schedule.
- For Medi-Cal: Health plans will be required to provide you access to out-of-network providers for up to 12 months. Cal MediConnect residents in nursing homes will not have to change nursing homes even if their nursing home is not in

the health plan's contracted network, as long as there are not any serious quality issues with the nursing home.

- After the 6 or 12 months, if your provider does not join the health plan network, you will need to choose a provider within the health plan's network.
- This applies to primary care and specialist providers, not to providers of ancillary services such as durable medical equipment (DME) and transportation.

## Consumer Assistance and Appeals

### **16. Is There Someone I Can Talk To For Help Understanding This New Program?**

- The Health Insurance Counseling and Advocacy Program (HICAP) is available to help you understand these changes and new options. HICAP provides workshops on Medicare issues, including Cal MediConnect, and also provides individual counseling to assist individuals in understanding their options. You can call 1-800-434-0222 to talk with someone at your local HICAP.
- Health Care Options staff can also help you to understand these new options and Medi-Cal changes. They can be reached by calling 1-800-430-4263.

### **17. If I Have Problems or Am Not Satisfied With My New Health Plan, Who Can Help Me?**

- If you have a complaint, you should first contact your plan. They have special procedures to help you. If you cannot resolve your complaint with the plan, you can contact the Department of Managed Health Care Help Center at 1-888-466-2219.
- Beginning in April 2014, a special Cal MediConnect Ombudsman program will be available to help you to address any unresolved complaints or concerns you may have about your Cal MediConnect plan. The Cal MediConnect Ombudsman can be reached at 855-501-3077 (effective April 1, 2014).
- If you do not have a complaint, but you want to disenroll from Cal MediConnect, you can contact Health Care Options at 1-800-430-4263 or contact Medicare at 1-800 Medicare (1-800-633-4227).

## Long Term Services and Supports

### **18. If I Am Receiving In-Home Supportive Services (IHSS), Will the Health Plan Be Controlling How Many IHSS Hours I Receive?**

- Regardless of whether you are in a Cal MediConnect or a Medi-Cal Only Managed Care Plan, the IHSS assessment process and determinations of hours will continue to be done by the County Department of Social Services. You will continue to be responsible for hiring, firing, and supervising your IHSS worker.
- If you would like assistance in coordinating your health, long term services and support needs, and other services you may need to keep you healthy and independent, your health plan, IHSS social worker and others you may want to have involved can work together in an interdisciplinary care team to help you. But that's up to you. Your IHSS services will not be managed by the health plan.

### **19. If I Am Receiving Community Based Adult Day Services (CBAS) – Also Referred To As Adult Day Health Care—Will That Change?**

- If I am currently attending a CBAS Center, you are already in a Medi-Cal Managed Care Plan. That Health Plan has determined that you are eligible for CBAS services. So nothing will change.
- If you join the Cal MediConnect Plan, it will be easier for the CBAS center staff to coordinate with your Medicare physicians and other health providers to assist you if your health or needs change over time.

### **20. If I Am Receiving Services Through the Multipurpose Senior Services Program (MSSP), and Enroll in Cal MediConnect or the Medi-Cal Plan – Will My Services Change?**

- You will continue to receive care coordination and any other services you currently receive through MSSP for the next 19 months, while your health plan and the MSSP agency design a managed care coordination program that best meets the needs of older adults who are eligible for nursing home care.
- If you are enrolled in Cal MediConnect, it will be easier for your MSSP care manager to communicate with your doctors and other service providers if you have a change in your health or care needs. But you will continue to receive MSSP during those 19 months whether you are in Cal MediConnect or the Medi-Cal plan.

### **21. If I Am a Nursing Home Resident, Will I Have to Move to a New Facility if This Facility Isn't in the Health Plan's Network?**

- Your Cal MediConnect will work with you, your doctors and your nursing home to coordinate your care. You will not have to move.
- Your Cal MediConnect will work with your doctors and the nursing facility staff to coordinate your care and services, ensure the quality of the services you receive, and to assist in preparing for and transitioning to more independent living if that is your desire.

## Medi-Cal/Mandatory Managed Care Enrollment

### **22. How Do I Know If My Medicare Doctor Accepts One of the Medi-Cal Plans?**

- If you are choosing to enroll in Medi-Cal managed care, your medical services will not change. Medi-Cal managed care is for your Medi-Cal benefits—primarily managed long-term services and supports (MLTSS), such as in-home supportive services (IHSS), community-based adult services (CBAS), Multipurpose Senior Services Program (MSSP), or care in a nursing home. If you are a Dual Eligible, Medi-Cal managed care will offer additional services, such as covering your Medicare cost-sharing and wrap-around benefits. Medicare will continue to cover your choice of doctors and hospitals.

### **23. I Am Already in Medi-Cal Managed Care. How Does MLTSS Affect Me?**

- If you are a Senior or Person with Disability and in Medi-Cal Managed Care, then this change simply adds MLTSS to your managed care benefit package.

### **24. How Will Enrollment Work for Medi-Cal Beneficiaries with a Share of Cost?**

- Medi-Cal beneficiaries with a share of cost who do not meet that share of cost every month will not be able to enroll in Cal MediConnect, but will be enrolled into a Medi-Cal managed care plan for their Medi-Cal benefits.
- Beneficiaries with MSSP, IHSS, or who are in a nursing facility who meet their share of cost the fifth and fourth months prior to enrollment will be able to join a Cal MediConnect plan.