

October 9, 2014

Coordinated Care Initiative (CCI) BASICS: Preparing for Changes

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National Senior Citizens Law Center



The National Senior Citizens Law Center is a non-profit organization whose principal mission is to protect the rights of low-income older adults. Through advocacy, litigation, and the education and counseling of local advocates, we seek to ensure the health and economic security of those with limited income and resources, and access to the courts for all. For more information, visit our Web site at www.NSCLC.org.

Coordinated Care Initiative: In a Nutshell

What

- Mandatory Medi-Cal for all SPDs
- LTSS Integration
- Medicare Integration

Who

- Dual eligibles
- Medi-Cal only SPDs

Where

- 8 counties: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, Santa Clara*

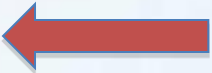
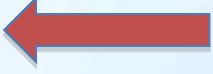
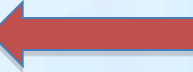

When

- April 1, 2014*

Why

- Coordinate Care
- Save Money

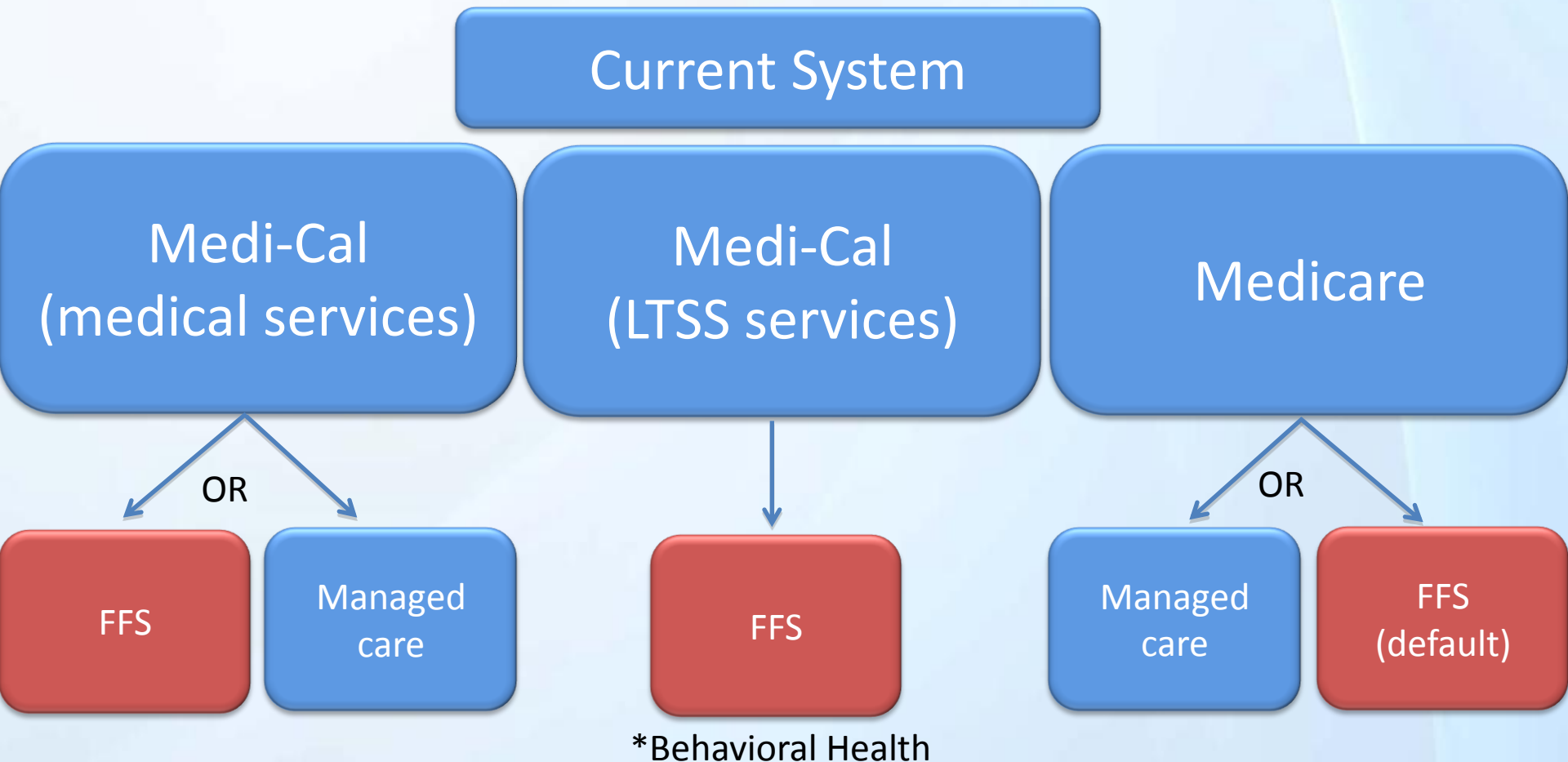
Glossary

- Coordinated Care Initiative (CCI)
 - Cal MediConnect
- Dual Eligible (Dual) 
- Duals-Special Needs Plan (D-SNP) 
- Fee-for-Service (FFS)
- Long Term Services and Supports (LTSS) 
 - In-Home Supportive Services (IHSS), Community Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), Nursing Facility
- Medi-Cal Managed Care
- Program of All-Inclusive Care for the Elderly (PACE)
- Seniors and Persons with Disabilities (SPDs) 

CCI = three big changes

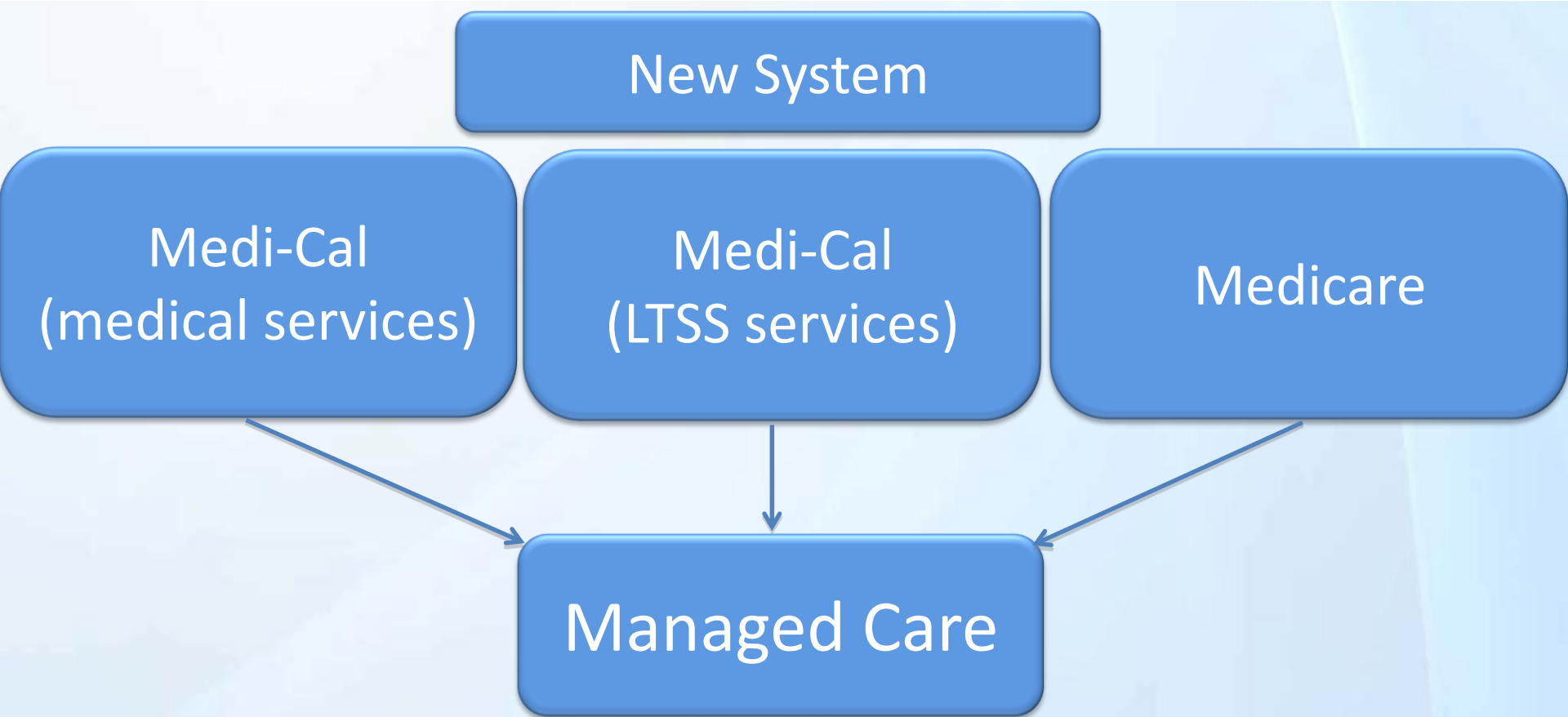
CCI Change	Description	Federal Approval
Mandatory Medi-Cal Managed Care	Duals and previously excluded SPDs must enroll in Medi-Cal Managed Care	Approved
LTSS Integration	LTSS added to Medi-Cal Managed Care plan benefit package	Approved
Medicare Integration (Cal MediConnect)	For duals, integration of Medicare and Medi-Cal benefits into one managed care plan.	Approved

The current Medi-Cal, LTSS, and Medicare delivery systems are different



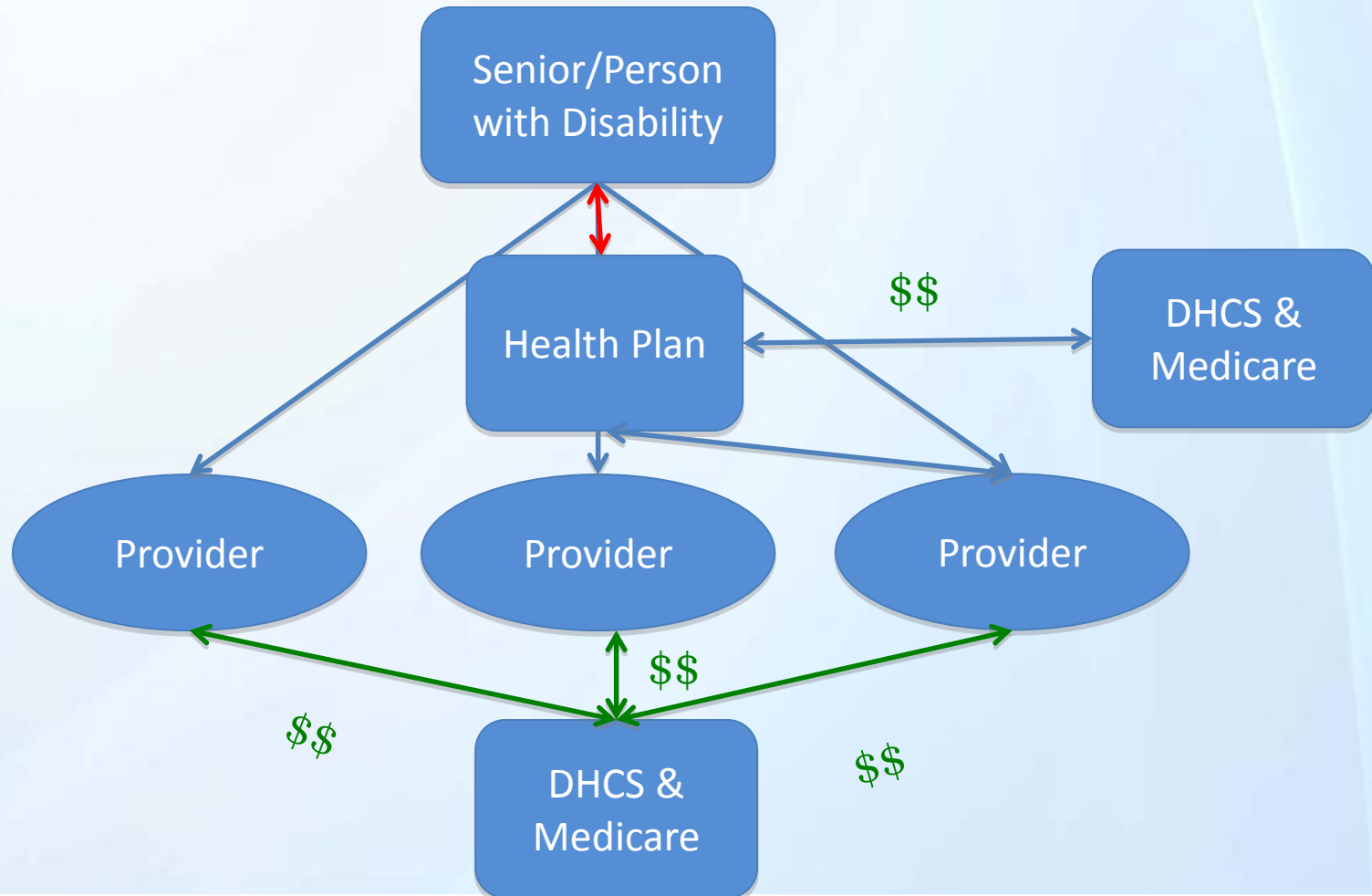
CCI moves services into managed care

What

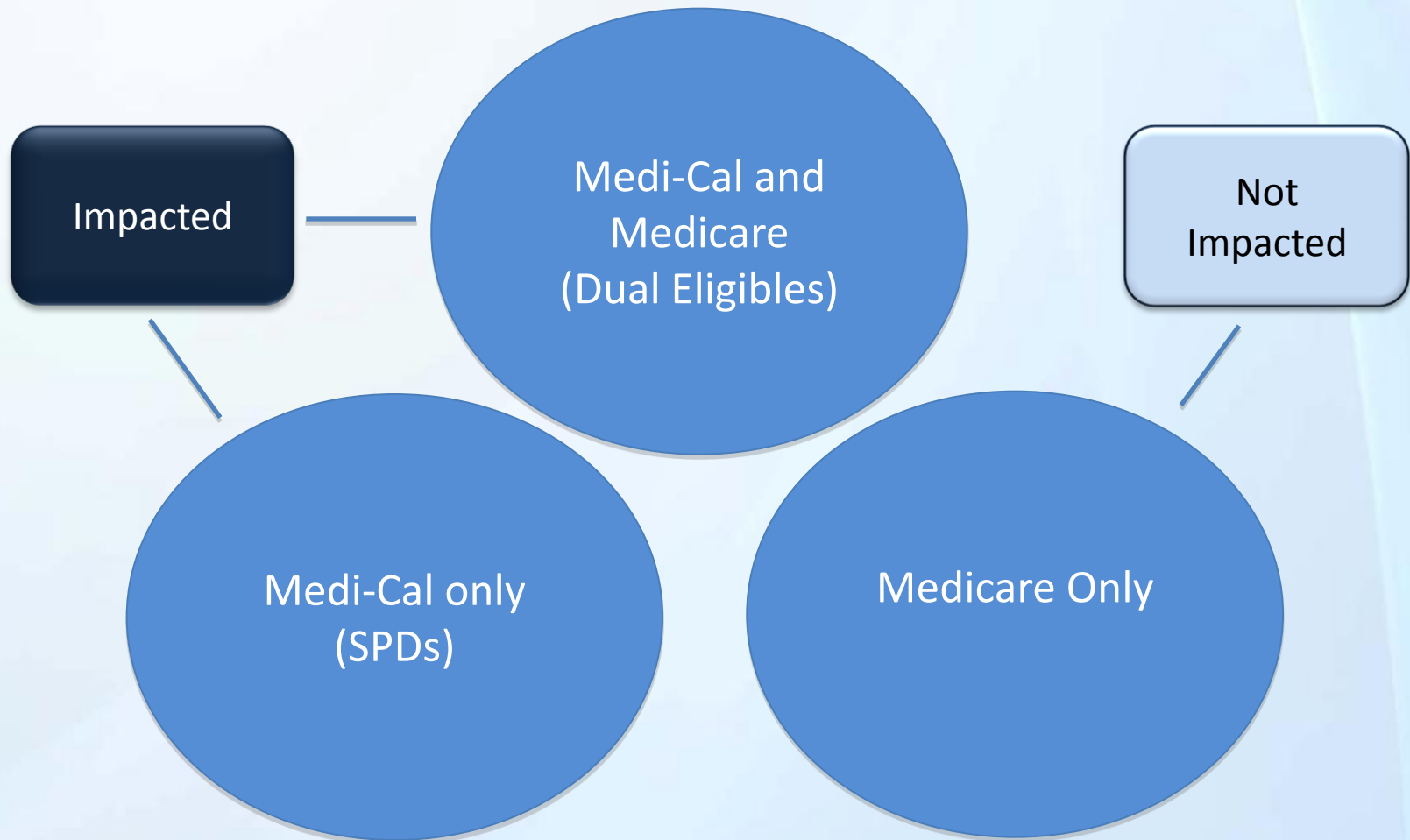


*Behavioral Health

Managed Care: Plans paid to provide covered services via network providers



CCI impacts duals & seniors and persons with disabilities with Medi-Cal



Different groups of duals and SPDs are affected differently

Who

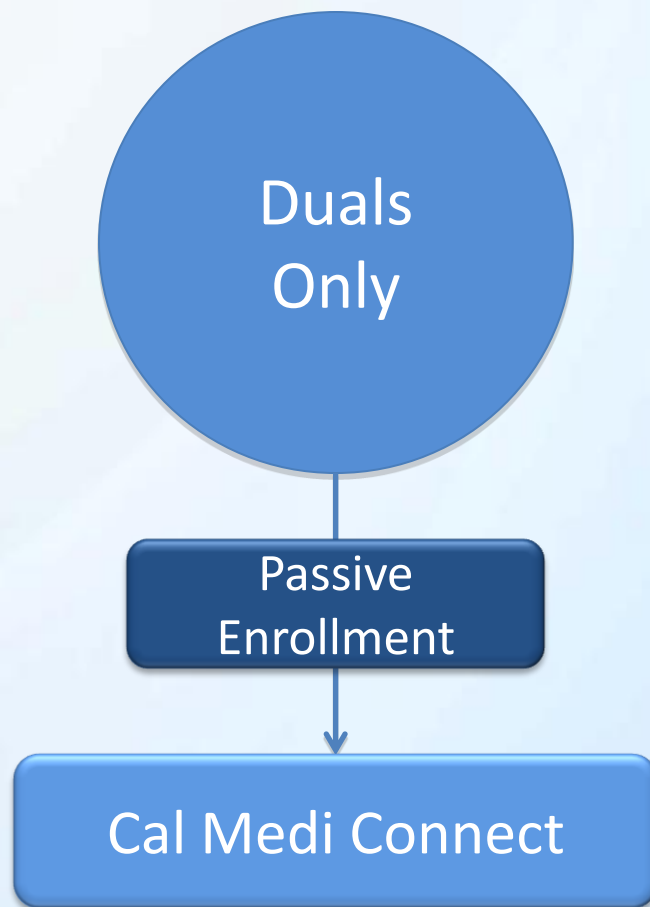
- SPDs who are already required to enroll in Medi-Cal managed care
- SPDs who will remain exempt from mandatory Medi-Cal managed care enrollment
- Dual eligibles who will be passively enrolled into Cal MediConnect
- Dual eligibles who can enroll into Cal MediConnect, but will not be passively enrolled
- Dual eligibles who cannot enroll in Cal MediConnect

Total Impact: 1,206,000

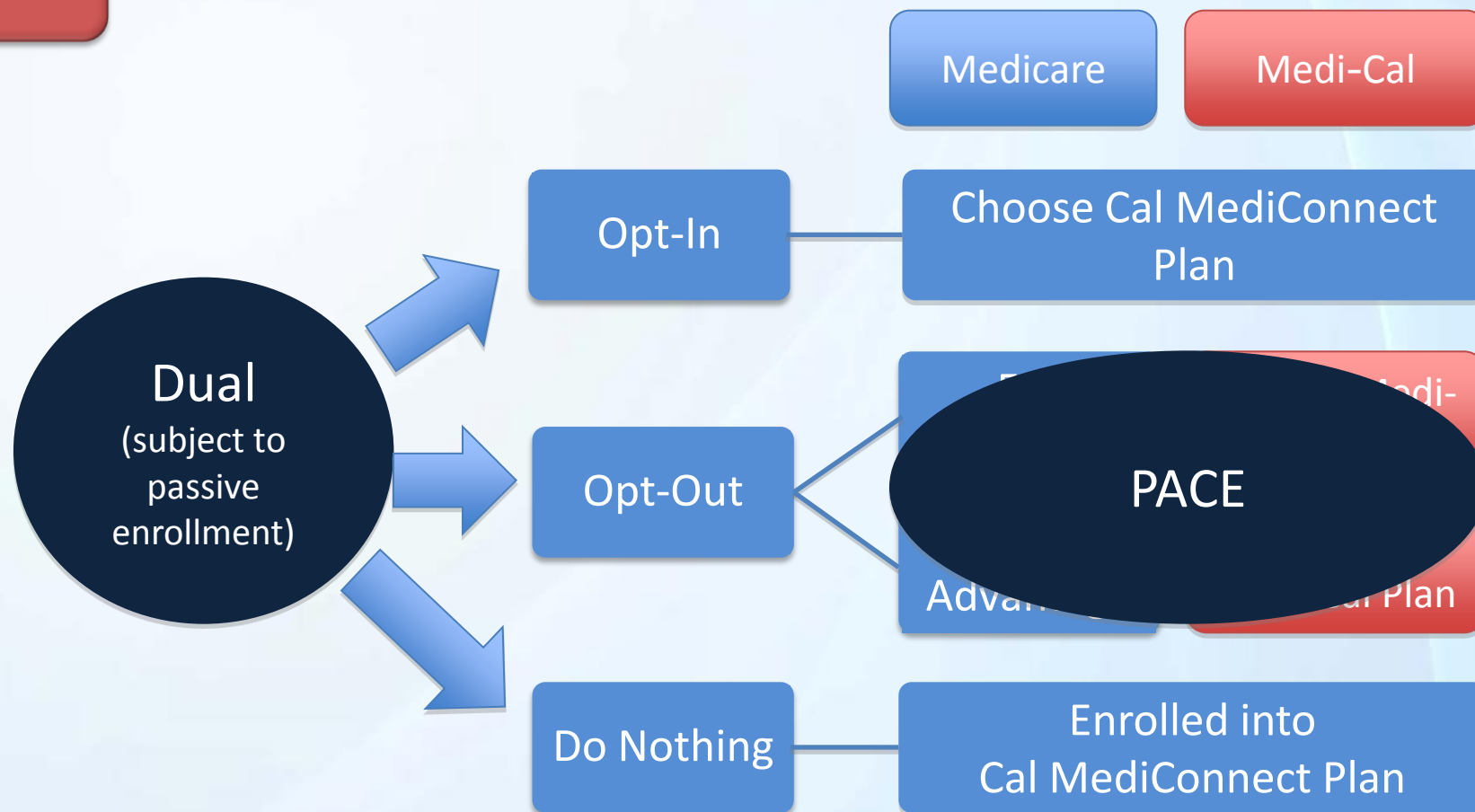
County	Duals Subject to Passive Enrollment in Cal MediConnect	Medi-Cal MC Only
Alameda	32,533	48,000
Los Angeles	288,399 (200,000 cap)	317,000
Orange*	65,537	51,000
Riverside	40,040	46,000
San Bernardino	41,930	54,000
San Diego	55,798	64,000
San Mateo	12,371	14,000
Santa Clara	37,739	38,000
Totals	574,347 (485,948 with cap)	632,000

Only Duals can enroll in Cal MediConnect

What



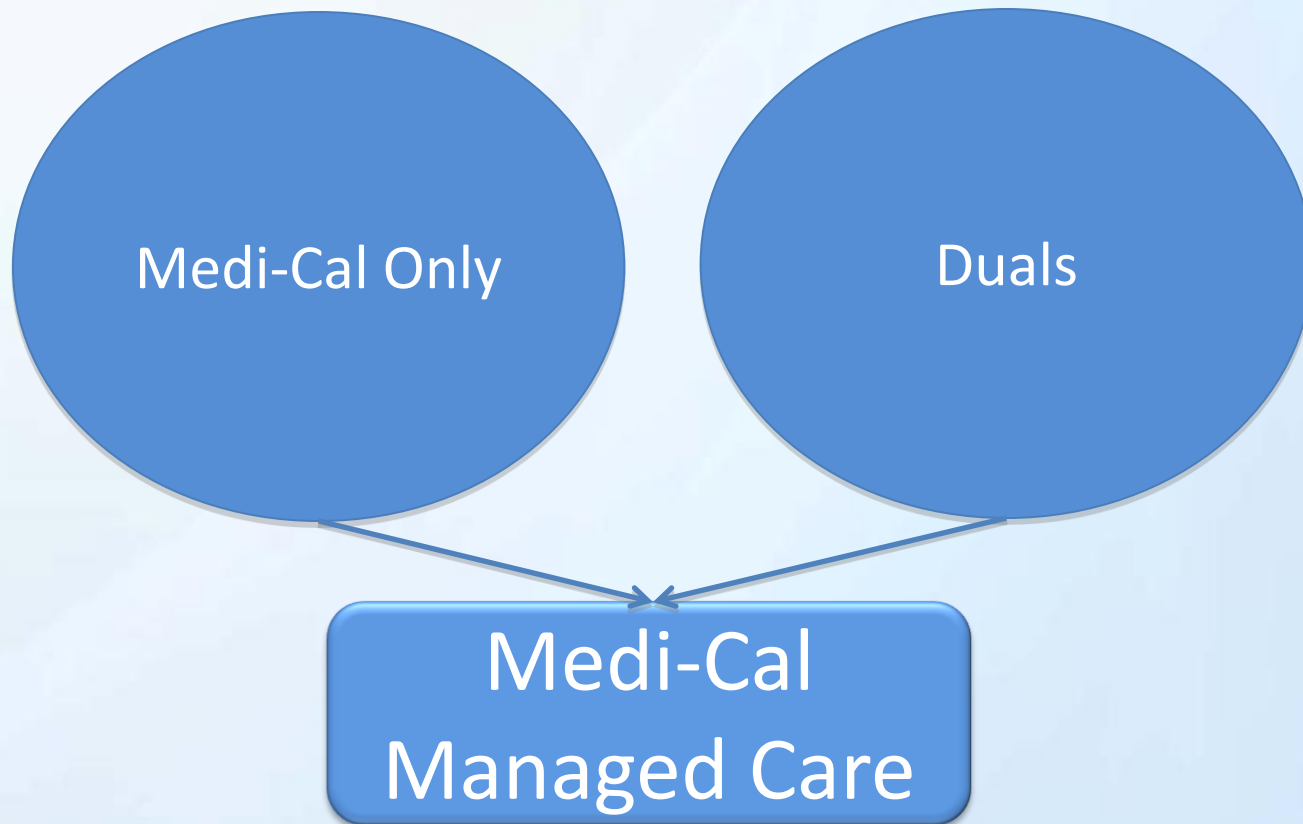
What



A beneficiary can disenroll from Cal MediConnect or change plans at any time for any reason. The disenrollment is effective the first day of the next month.

Medi-Cal managed care is mandatory

Even if a Dual Opt's Out of Cal MediConnect, must still enroll in Medi-Cal MC



Cal MediConnect Benefits

Plans Required to Provide

- Medicare A, B, D
- Medi-Cal services including
 - LTSS: IHSS, CBAS, SNF, MSSP
- Vision and Transportation
- Care Coordination

Care Plan Option Services

- HCBS-like waiver services
- Extra IHSS-like services

Provided Outside of Plan

- Specialty mental health services not covered by Medicare
- Behavioral health Drug Medi-Cal benefits
- Dental (May 2014)

CCI will be implemented in 8 counties

Where



Alameda
Los Angeles
Orange
Riverside
San Bernardino
San Diego
San Mateo
Santa Clara

Different Cal MediConnect plans available in each county

Where

County	Plan(s)
Alameda*	Alameda Alliance for Health Anthem Blue Cross
Orange*	Cal Optima
San Mateo	Health Plan of San Mateo
Riverside & San Bernardino	Inland Empire Health Plan Molina Health Care
Santa Clara	Anthem Blue Cross Santa Clara Family Health Plan
San Diego	Community Health Group Care 1 st Health Net Molina

Los Angeles County

LOS ANGELES

Primary Plan(s)
LA Care
Health Net
CareMore (Anthem Blue Cross)
Care1st
Molina

Timelines vary by County, Change and Population

When

County

Dual or SPD

Cal
MediConnect
Eligible

In Medi-Cal
Managed Care

In a MA Plan
or Reassigned
to Part D 2014

MSSP
Beneficiary

CCI Enrollment Timeline by County and Population

** Revised 9.4.14**

Cal MediConnect enrollment begins in April 2014 with passive enrollment in San Mateo; and "opt-in" in Riverside, San Bernardino, San Diego and Los Angeles counties.

Start Date	Cal MediConnect (Passive enrollment)				MLTSS (Mandatory enrollment)									
	Full Duals Only				Full Duals in Medi-Cal FFS ¹				Full Duals in Medi-Cal Managed Care			MSSP	Partial Duals/Medi-Cal only	
	Medicare FFS and In-Medi-Cal Managed Care (enrolled in one month) ⁴	Medicare FFS and Medi-Cal FFS (enrolled by birth month) ²	MSSP Beneficiaries eligible for Cal Medi-Connect (enrolled in one month) ³	CMC DSNP / Part D LIS Beneficiaries (enrolled in one month)	Opt out of CMC and In-Medi-Cal FFS (enrolled by birth month)	Excluded from CMC (ESRD, 1915c waiver, etc.) and In-Medi-Cal FFS (enrolled by birth month)	Full Duals in a CMC plan DSNP/ any LIS reassignees in Medi-Cal FFS (enrolled in one month)	In a non CMC DSNP plan or any MA plan sponsored by any health plan (enrolled by birth month)	Full Duals in Medi-Cal managed care plan (benefit added in one month) ²	Excluded from CMC (ESRD, 1915c waiver, etc.) and In-Medi-Cal Managed Care (benefit added in one month) ²	MA beneficiaries or LIS reassignees in Medi-Cal Managed Care (benefit added in one month) ²	MSSP Beneficiaries in Medi-Cal managed care or Medi-Cal FFS (enrolled in one month)	Medi-Cal Managed Care (benefit added in one month)	Medi-Cal FFS (enrolled by birth month) ²
4/14	San Mateo		San Mateo						Los Angeles, Riverside, San Bernardino, San Diego, and San Mateo	Los Angeles, Riverside, San Bernardino, San Diego, and San Mateo	Los Angeles, Riverside, San Bernardino, San Diego, and San Mateo	San Mateo (Full Duals in MA plan or excluded from CMC)		
5/14	Riverside, San Bernardino, and San Diego	Riverside, San Bernardino, and San Diego ³			Riverside, San Bernardino, and San Diego									
7/14	Los Angeles	Los Angeles			Los Angeles				Santa Clara	Santa Clara	Santa Clara	San Mateo (Partial and Medi-Cal only)	Los Angeles, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara	
8/14						Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara								Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara
10/14			Los Angeles, Riverside, San Bernardino, and San Diego				Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara					Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara		
1/15	Santa Clara	Santa Clara	Santa Clara	Los Angeles, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara	Santa Clara		Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara							
7/15	Alameda, and Orange	Alameda	Alameda, Orange		Alameda	Alameda	Alameda	Alameda	Alameda and Orange	Alameda and Orange	Alameda and Orange	Alameda and Orange	Alameda and Orange	Alameda
1/16				Alameda, and Orange										

1. Enrollees already in a Medi-Cal managed Care plan will receive one notice prior to the change in benefit.

2. There are no FFS Medi-Cal Enrollees in Orange and San Mateo counties.

3. Enrollees with April and May birthdays will be enrolled in May 2014. Then follow enrollment schedule by birth month.

4. Enrollment in Orange County will proceed by birth month.

<http://www.calduals.org/wp-content/uploads/2014/09/CCI-enrollment-by-County-9.4.14.pdf>

Medicare Advantage Passive Enrollment in 2015

- **Duals enrolled in a D-SNP operated by a CMC plan are subject to passive enrollment in January 2015 (can't keep their D-SNP)**
- **Duals enrolled in a D-SNP not operated by a CMC plan are NOT subject to passive enrollment in Cal MediConnect if enrolled by 12/31/14. Must still choose a Medi-Cal plan (October 2014 by birth month).**
- **Duals enrolled in a Medicare Advantage plan are not subject to passive enrollment in Cal MediConnect. Must still choose a Medi-Cal plan.**

Part D Reassignees

- Beneficiaries who were reassigned to a Part D plan in 2014 or will be reassigned in 2015 – instead will be reassigned to a Cal MediConnect plan.
- Subject to passive enrollment in January 2015
- **Those subject to reassignment in 2015 who opt out of Cal MediConnect will need to affirmatively choose a Part D plan or may be subject to costs for premiums.**

Most beneficiaries will receive three notices

When



90 Day

- Informational Notice

60 Day

- Notice with Default Plan/Part D Insert
- Cal MediConnect Guidebook
- Choice Booklet and Choice Form
- PART D Disenrollment Notice

30 Day

- Final Reminder Notice

90-Day Cal MediConnect Notice

State of California

Health and Human Services



CalMediConnect
Your choice for complete care



JOHN SAMPLE
1234 SAMPLE STREET
ADDRESS 2
ANYTOWN CA 90000

XX/XX/XXXX

Important Information on Your Medicare and Medi-Cal

You are getting this letter because you have **BOTH** Medicare and Medi-Cal. The way you get your health care is changing. You will now have new choices to meet your health care needs.

Cal MediConnect is a new type of health plan.

Enrolling in a Cal MediConnect plan:

- Combines all of the Medicare or Medi-Cal benefits and services you receive now into a single plan.
- Will not cost more than what you pay today for your Medicare and Medi-Cal benefits.
- Ensures Cal MediConnect doctors, specialists, and other approved providers will work together to get you the care you need.
- Gives additional transportation to medical services and vision benefits.

What are my choices?

This is the first letter telling you about your new choices. You will get a second letter with more information about your choices soon.

1. **Automatically enroll in the Cal MediConnect plan that we have chosen for you.**
To do this, you do not have to do anything. It will be automatic.
2. **If you do not want to be automatically enrolled** in the Cal MediConnect plan chosen for you, you **MUST** either contact Health Care Options at 1-844-580-7272 or in about a month we will send you the Plan Choices Form you can fill out and return to choose **one** of these options:

- Option A: **Enroll in a different Cal MediConnect Plan.**

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- Option B: **Keep your Medicare the way it is AND enroll in a Medi-Cal plan.**

Some may be eligible to enroll in the Program of All-Inclusive Care for the Elderly (PACE).

What should I do now?

- Talk about your choices with someone who knows about your health care needs, like your family or your doctors. Call the California Health Insurance Counseling & Advocacy Program for free health insurance counseling at 1-800-434-0222.
- Watch your mail for a packet from Health Care Options in about one month.

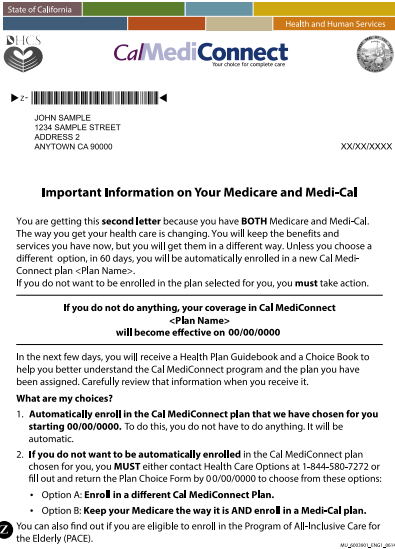
How can I get help or more information?

If you want to:	Contact:
• Talk to a health insurance counselor for free about these changes and your choices	California Health Insurance Counseling & Advocacy Program (HICAP) 1-800-434-0222 TTY users should call 711
• Select a different Cal MediConnect plan, • Stay in regular Medicare, • Learn more about PACE, or • Get this letter in another language, large print, audio, or Braille	Health Care Options 1-844-580-7272 TTY users should call 1-800-430-7077
• Ask questions about Medicare	1-800-MEDICARE (1-800-633-4227) TTY users should call 1-877-486-2048
• Get help with Cal MediConnect plan problems and complaints	Cal MediConnect Ombudsman 1-855-501-3077

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60-Day Cal MediConnect Notice



What do my choices mean?

1. **Automatically enroll in the Cal MediConnect plan**
<Plan Name>.

This plan:

- Has been chosen for you based on your past services and health care needs.
- Combines all of the Medicare and Medi-Cal benefits and services you receive now into a single plan.
- Gives additional transportation to medical services and vision benefits.
- Will not cost more than what you pay today for your Medicare and Medi-Cal benefits.
- Ensures Cal MediConnect doctors, specialists, and other approved providers will work together to get you the care you need.
- If your doctor is not a part of the Cal MediConnect plan, you may have to choose a new doctor.

2. **If you do not want to be automatically enrolled** in the Cal MediConnect plan chosen for you, you **MUST** choose from these options:

Option A: Enroll in a different Cal MediConnect plan

- If you want all of the benefits of having a Cal MediConnect plan, but you don't want to be automatically enrolled in the one we have chosen for you, you may select a different one. You will receive a Health Plan Guidebook to help you make your choice.

Option B: Keep your Medicare the way it is now AND enroll in a Medi-Cal plan

- If you choose to stay with regular Medicare, you still must choose a Medi-Cal plan to receive your Medi-Cal benefits.
- You will receive Medi-Cal services like In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and nursing facility care through the Medi-Cal plan, if you qualify for these services.

The Program of All-Inclusive Care for the Elderly (PACE) may be an option for you.

- You may be eligible to join PACE if you are 55 or older and need a higher level of care in order to live at home.
- PACE provides and coordinates all Medicare and Medi-Cal benefits plus some extra services to help seniors who have chronic conditions live at home.
- You may have to choose new doctors and other providers.
- While we are checking your eligibility for PACE, you will not be enrolled in Cal MediConnect. However, you must still choose a Cal MediConnect plan in Option A OR a Medi-Cal plan in Option B. We will need to know your choice just in case you do not qualify for PACE.

What should I do now?

- Expect a Health Plan Guidebook and Choice Book to come in the mail.
- Expect to receive a letter from your Medicare Part D Prescription Drug Plan saying that your coverage will be ending. You will continue to receive your prescription drug benefits from your current plan until the new prescription coverage from the Cal Health Plan starts. You will not lose your prescription drug coverage at any time.
- Review the information in the Guidebook and your choices above to select the option that is best for you. Talk about your choices with someone who knows about your health care needs. Like your family or call the California Health Insurance Counseling & Advocacy program for free counseling at 1-800-444-2222.
- To make a choice, you **MUST** either contact Health Care Options at 1-844-588-7272 or fill out and return the Plan Choice Form Use the Plan Choice Form to make that choice and mail it in by 09/00/0000.

**If you do not make a choice, your coverage in Cal MediConnect
<plan name>
will become effective on 00/00/0000.**

How can I get help or more information?

If you want to:	Contact:
<ul style="list-style-type: none"> • Talk to a health insurance counselor for free about these changes and your choices 	<p>California Health Insurance Counseling & Advocacy Program (HICAP) 1-800-434-0222 TTY users should call 711</p>
<ul style="list-style-type: none"> • Select a different Cal MediConnect plan, • Stay in regular Medicare, • Choose PACE, or • Get this letter in another language, large print, audio, or Braille 	<p>Health Care Options 1-844-580-7272 TTY users should call 1-800-430-7077</p>
<ul style="list-style-type: none"> • Ask questions for free about Medicare 	<p>1-800-MEDICARE (1-800-633-6227) TTY users should call 1-877-486-2048</p>
<ul style="list-style-type: none"> • Get free help with Cal MediConnect plan problems and complaints 	<p>Cal MediConnect Ombudsman 1-855-501-3077</p>

Part D Insert



Cal MediConnect and Medicare Part D

When you join a Cal MediConnect plan, you will get health care and prescription drugs from your new plan. Your current Medicare Part D prescription drug plan will send you a letter telling you that your prescription drug plan will not cover your prescription drugs. You will not lose your prescription drug coverage.

Here is some more important information about the changes to your drug coverage.

- Soon, you will receive all of your Medi-Cal and Medicare benefits, **including Medicare Part D**, from the Cal MediConnect plan we tell you about in the other letter in this envelope.
- Your Cal MediConnect plan will become your new Medicare Part D plan, which means that coverage in your current prescription drug plan will end. You cannot keep your current Part D plan and be in a Cal MediConnect plan at the same time.
- You will continue to receive your prescription drug benefits from your current plan until your new prescription coverage from the Cal MediConnect plan starts. You will not lose your prescription drug coverage at any time.
- If you do not want to be in Cal MediConnect, you may keep your Medicare the same and stay in your current prescription drug plan. You will still have to select a Medi-Cal plan for your Medi-Cal benefits. You just need to let Health Care Options know your decision.

More information about your Cal MediConnect plan and other health care choices is included with this insert.

If you want to talk to a health insurance counselor for free about these changes and your choices, call the California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222 or TTY 711.

If you need this letter in another language or alternate format, like large print, audio, or Braille; or if you need help understanding this letter, please call Health Care Options Customer Service Monday–Friday, 8:00 a.m.–5:00 p.m. at 1-844-580-7272, or TTY: 1-800-430-7077 (for people who are deaf, hard of hearing, or speech impaired).

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D-SNP Insert

PLEASE READ

Important Information about Your Medicare Advantage Plan and Cal MediConnect

You are getting this letter because you qualify for the Cal MediConnect program and you are in a Medicare Advantage Plan today. We want to let you know how your current Medicare and Medi-Cal will change.

- You will still receive your Medicare and Medi-Cal benefits.
- There will be no gap in your coverage.
- You will have new choices for your Medicare and Medi-Cal coverage.

With this letter, and other mailings that you will receive about Cal MediConnect, you will have choices on how you will get your health care. Please read the information you receive carefully. Call us at the numbers below if you have questions and we can help.

What if I do nothing?

If you do nothing, you will be enrolled in a Cal MediConnect plan that is offered by the same company that is your current Medicare plan.

What are my other choices?

You have two other choices for how to receive your Medicare and Medi-Cal benefits.

Option A: Enroll in a Cal MediConnect Plan. The new plan will provide your Medicare and Medi-Cal benefits. You will automatically enroll in a Cal MediConnect plan offered by the same company as your current Medicare plan or you can pick a different Cal MediConnect plan. You should check with the plan or the California Health Insurance Counseling and Advocacy Program to see if your providers will still be in the plan network, or if you will need to change providers.

Option B: Enroll in a Medi-Cal plan. If you make this choice, you will receive your Medicare benefits through regular Medicare and not through a health plan.

- You will get your Medicare benefits through regular Medicare and not through a health plan. You should also enroll in a Medicare prescription drug plan; if you don't, Medicare will enroll you in one.
- You will receive Medi-Cal benefits from a separate Medi-Cal plan. This includes In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and nursing facility care, if you qualify for these services.


In the other letter you received with this insert, this Option B is labeled: ***"Keep my Medicare the way it is now AND enroll a Medi-Cal plan."*** Because you are in a Medicare Advantage plan, you cannot keep your Medicare the way it is now if you choose Option B.

A letter with more information about Cal MediConnect and your choices is included with this insert.


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90-Day Medi-Cal Managed Care Notice



State of California — Health and Human Services
Department of Health Care Services
P.O. Box 989009, West Sacramento, CA 95798-9850





JOHN SAMPLE
1234 SAMPLE STREET
ADDRESS 2
ANYTOWN CA 90000

XX/XX/XXXX

Important Information

The way you get Medi-Cal services is changing. You **must** enroll in a Medi-Cal managed care health plan to receive Medi-Cal services. The reason for this change is to help bring your Medi-Cal services together in one place.

Please read this notice carefully. You do not need to do anything yet. We will send you more information and health plan enrollment materials in about one month. If you are in Medicare, this change does not affect your Medicare coverage or your ability to see your Medicare doctor.


What services will you get from your Medi-Cal health plan?

Your Medi-Cal health plan will coordinate all of your Medi-Cal covered services.

- If you are in Medicare, your Medi-Cal health plan will pay for certain Medicare cost-sharing, certain additional benefits (such as prescription drugs not covered by Medicare), some transportation, and certain Long Term Services and Supports.
- If you just have Medi-Cal, your Medi-Cal health plan will be responsible for all of your medical care, some transportation, and certain Long Term Services and Supports.

What are Medi-Cal Long Term Services and Supports?

- **In-Home Supportive Services (IHSS)** are personal care services for people who need help to live safely in their homes. If you currently get IHSS, you do not have to change your IHSS providers and you can still hire, fire, and manage your providers.
- **Community-Based Adult Services (CBAS)** is daytime health care at centers that provide nursing, therapy, activities and meals for people with certain chronic health conditions.



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- **Multipurpose Senior Services Program (MSSP)** provides social and health care coordination services for people age 65 and older. If you get MSSP, your health plan will work with your MSSP providers to better coordinate your care. If you currently get MSSP, you do not have to change your MSSP provider.
- **Nursing home care:** If you get care in a nursing home, your health plan will work with your doctor and nursing home to better coordinate your care. If you are currently in a nursing home, you do not have to change your nursing home.
- If you do not get these services now, your health plan can help you get them in the future, if you need them.

Can I see my Medicare doctors after I enroll in a Medi-Cal health plan?

Yes, if you have Medicare, your Medicare providers will not change.

Can I see my Medi-Cal doctors after I enroll in a Medi-Cal health plan?

If you have Medi-Cal only, you will need to check with your health plan to determine if your providers work with the health plan. Generally, you are able to see your current doctors for 12 months.

Enrolling in a Medi-Cal health plan:

- Does NOT change your Medicare services or benefits.
- Does NOT change your Medi-Cal eligibility or cost you extra.
- Does NOT cut any of your Medi-Cal services or benefits.

When do I need to enroll in a Medi-Cal health plan?

You will be receiving more information about your choices for a Medi-Cal health plan. If you do not make a choice, you will be enrolled in a Medi-Cal health plan starting MM/DD/YYYY.

What should I do now?

- Talk about your choices with someone who knows about your health care needs, like your family, friends, your doctors, or your local Long Term Services and Supports providers.
- Watch your mail for a packet from Health Care Options in about one month.

For help or more information

If you need this letter in another language or alternate format, like large print, audio, or Braille; or if you need help enrolling in a health plan please call:

Health Care Options

1-844-580-7272 • TTY: 1-800-430-7077
Monday - Friday, 8 am - 5 pm
www.HealthCareOptions.dhcs.ca.gov

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60-Day Medi-Cal Managed Care Notice



The Way You Get Your Medi-Cal Benefits is Changing on [MM/DD/YYYY]

You must enroll in a Medi-Cal managed care plan to receive your Medi-Cal services. The reason for this change is to help bring your Medi-Cal services together in one place.

This is the second letter telling you about your options for choosing a Medi-Cal plan.

Based upon your past services and health care needs, you have been assigned to the Medi-Cal plan named below. **Unless you make a different Medi-Cal plan choice, you will be enrolled in the health plan below on**

MM/DD/YYYY: NAME OF PLAN

If you have Medicare, this change does not affect your Medicare coverage or your ability to see your Medicare doctor.

How will this change affect me?

- Your Medi-Cal plan will coordinate all of your Medi-Cal covered services.
- Your Medicare services and providers will NOT change.
- Your Medi-Cal services and benefits will NOT change.
- Your Medi-Cal eligibility does NOT change and it will not cost you extra.

Check with your health plan to determine if your providers work with your selected Medi-Cal plan.

What services will you get from your Medi-Cal health plan?

Your Medi-Cal plan will coordinate all of your Medi-Cal covered services, including Long Term Services and Supports.

- If you are in Medicare, your Medi-Cal health plan will pay for certain Medicare cost-sharing and other benefits that are not covered by Medicare, such as some transportation, certain medical supplies, and certain prescription drugs.

What are Medi-Cal Long Term Services and Supports?

- **In-Home Supportive Services (IHSS)** are personal care services for people who need help to live safely in their homes. If you currently get IHSS, you do not have to change your IHSS providers and you can still hire, fire, and manage your providers.
- **Community-Based Adult Services (CBAS)** is daytime health care at centers that provide nursing, therapy, activities, and meals for people with certain chronic health conditions.
- **Multipurpose Senior Services Program (MSSP)** provides social and health care coordination services for people age 65 and older. If you currently get MSSP, your health plan will work with your MSSP provider to better coordinate your care. You do not have to change your MSSP provider.
- **Nursing home care:** If you get care in a nursing home, your health plan will work with your doctor and nursing home to better coordinate your care. If you are currently in a nursing home, you do not have to change your nursing home.

If you do not get these services now, your Medi-Cal plan can help you get them in the future, if you need them.

When will I be enrolled in a Medi-Cal health plan?

You will be enrolled in a Medi-Cal health plan starting MM/DD/YYYY.

Can I choose a different Medi-Cal health plan?

Yes. You will soon get a packet of health plan information in the mail. Read the materials in this packet. This packet includes:

- A Choice Book that has instructions on how to choose and enroll in a Medi-Cal managed care health plan in your county.
- Provider directories that list the doctors who work with each plan.

What should I do now?

- Share this letter and information with your family or someone who knows about your health care needs.
- Talk to your doctors and other health providers to see which health plans they work with.
- If you have Medicare, please call the **California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222 (TTY 711)**.
- To choose a different health plan, call Health Care Options Monday-Friday 8am-5pm at 1-844-580-7272 or TTY: 1-800-430-7077 by MM/DD/YYYY.

For help or more information

If you have questions about Medicare, please call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you want to select a different Medi-Cal plan, and/or get this letter in another language or alternate format – like large print, audio, or Braille, please call Health Care Options Monday-Friday 8am-5pm at 1-844-580-7272 or TTY: 1-800-430-7077.

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DHCS stated goals of the CCI

Improve Access
to Care

Promote
Person-Centered
Planning

Promote
Independence in
Community

Right Care
Right Time
Right Place

Cost Savings for
State and Federal
Government

Should your client enroll in Cal MediConnect?

Wrap Up

Whether to enroll in Cal
MediConnect is an
individual choice

Factors to Consider in Making Decision to Enroll in Cal MediConnect

- Does plan have networks that include client's current medical providers?
- Does plan have strong relationship with social service providers?
- Does client have a course of treatment that should not be interrupted?
- How important are the additional benefits of vision and transportation to client?
- Will a plan improve your client's care coordination?

Cal MediConnect Choice Form

Health Plan Choice Form



If you do not want to automatically enroll in the Cal MediConnect plan we have chosen for you, use this form to choose a different option. For Free Help with this form, contact Health Care Options at 1-844-580-7272.

STEP 1: Tell us about yourself:

John Sample

First Name, Last Name



1234 Sample Street Sample City

9 9 9 9

Zip Code

Date of Birth

()

(Area Code) Phone Number

Sex: ☐ Male ☐ Female

If pregnant, due date

Month Day Year

STEP 2: Choose how you want your care:

If you do NOT make a choice, you will be automatically enrolled in a Cal MediConnect Plan we have chosen for you.

OPTION A

Combine my Medicare and Medi-Cal benefits in one plan.

Choose one of these Cal MediConnect Plans:

- ☐ 810 IEHP Dual Choice *
- ☐ 811 Molina Dual Options

* To choose the plan that you have been assigned to, select the plan with the asterisk (*).

Program of the All-Inclusive Care for the Elderly (PACE):

You may qualify for PACE (see instructions). If you want to get your Medicare and Medi-Cal benefits combined in a PACE plan, fill out this option in addition to Option A or B.

If you do not qualify, you will get your care through the Option A or Option B plan that you chose above in Step 2.

OR

OPTION B

Keep my Medicare the way it is now AND choose a Medi-Cal plan.

Choose one of these Medi-Cal Plans to get your Medi-Cal benefits:

- ☐ 305 Inland Empire Health Plan
Plan Partners
☐ KA KP Cal, LLC
- ☐ 355 Molina Healthcare Partner
Plan Partners
☐ HN Health Net Comm Solutions

PACE Plan:

- ☐ 061 InnovAge

Choose a Cal MediConnect Plan: Fill out Option A ONLY

To "Opt-Out" of Cal MediConnect, fill out Option B ONLY. If you are already in a Medi-Cal plan, Choose the Medi-Cal plan you are already in

To choose PACE, fill out PACE bubble and EITHER A or B as a backup

STEP 3: Read the important information on the back before signing. I understand that by filling out and signing this form, I am choosing how to get my health care.



Beneficiary's signature

Date

OR

Authorized Representative Signature (if any)

Date

Highly Confidential

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What can you do?

Wrap Up

- Influence program development
 - Stakeholder meetings
 - Talk to plan
 - Legislative advocacy
- Prepare to provide counsel
- Report problems

Local advocates can help individuals

Wrap Up

- HICAP
1-800-434-0222
- Cal MediConnect Ombudsman
1-855-501-3077

Want to know more?

- NSCLC Duals Website
 - Advocate's Guide
 - News
 - Sign up for alerts

<http://dualsdemoadvocacy.org>
- Contact us:
 - Amber Cutler – acutler@nsclc.org
 - Denny Chan – dchan@nsclc.org
- Disability Rights Education & Defense Fund (DREDF)
 - www.dredf.org
- Department of Healthcare Services
 - www.calduals.org