Coming Changes for Adults Who Have Medicare and Medi-Cal

California Coordinated Care Initiative and the Cal MediConnect Program

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Coming Changes for People with Medicare and Medi-Cal

California Coordinated Care Initiative

Target populations

- Adults who have Medicare and Medi-Cal
- Adults who are Medi-Cal only

Geographic area

- 8 California counties, including Los Angeles County

California Coordinated Care Initiative (CCI)

Key components --

- **"Cal MediConnect" Demonstration Project:** Persons with Medicare and Medi-Cal (dual eligibles) will be encouraged to enroll into Cal MediConnect Plans that will integrate their Medicare and Medi-Cal benefits
- **Mandatory Medi-Cal managed care**: Dual eligibles who opt out of Cal MediConnect will be required to enroll into Medi-Cal health plans
- **Integration of " carved out" Medi-Cal benefits**

ALL MEDI-CAL SERVICES ARE AVAILABLE ONLY AS MEDI-CAL MANAGED CARE BENEFITS

Cal MediConnect

- **Who is Eligible for Cal MediConnect**
  - Live in one of the 8 Demonstration counties
  - Age 21 or older
  - Have Medicare Parts A and B
  - Have full Medi-Cal or
  - Have Medi-Cal with a Share of Cost and receive MSSP or Medi-Cal long term nursing home care
  - Have Medi-Cal with a Share of Cost and receive IHSS and have met their soc by the 1st day of months 4 or 5 prior to passive enrollment

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Important CCI/Cal MediConnect Enrollment Terms

- **Excluded** – cannot participate, will not be sent information
- **Exempt** – able to participate, but will not be assigned (passively enrolled) to a plan if they do not voluntarily choose a plan or opt out of Cal MediConnect
- **Opt in** – voluntarily sign up for Cal MediConnect
- **Opt out** – choose to stay with current Medicare coverage

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Populations Excluded or Exempt from Cal MediConnect

Major excluded groups

- Persons with ESRD or on a transplant list
- Persons under age 21
- Developmentally disabled in ICF/DD facilities or using the regional centers
- Persons with other health insurance (retiree, EGHP, VA coverage)
- Persons living in VA nursing homes
- Kaiser Medicare Advantage plan members

Major exempt groups

- Persons in all other Medicare Advantage plans during 2014

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Medi-Cal Long Term Nursing Home Residents Eligible for Cal MediConnect

- Medi-Cal eligible adults in nursing homes will be eligible for Cal MediConnect
- If they do not make an enrollment decision, the state will assign them to a Cal MediConnect plan
- Continuity of care requirements state that during 2014, Medi-Cal nursing home patients should not be forced to move to a different facility if their Cal MediConnect plan does not contract with the nursing home

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Cal MediConnect Plan Benefit Package

- All Medicare Part A, B and D benefits
- All Medi-Cal benefits
- Supplemental benefits – vision and transportation services (30 one way health related transportation trips)
- Members have access to Medicare appeal rights for Medicare covered services and Medi-Cal appeal rights for Medi-Cal benefits

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Populations Excluded from Mandatory Medi-Cal Managed Care

These major groups are eligible only for Fee For Service Medi-Cal

- ✓Under age 21
- ✓Live in VA nursing home
- ✓ Live in ICF/DD facility
- ✓Persons with other insurance (retiree, EGHP, VA coverage)
- ✓PACE enrollees

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Medi-Cal Benefits Available in Medi-Cal Managed Care

- Community Based Adult Services (CBAS) (Medi-Cal adult day health care)
- Hearing aids
- Bathroom aids (grab bars, shower chairs)
- Non-emergency medical transportation (wheelchair vans and litter vans)
- Incontinence supplies

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Transition of Medi-Cal Long Term Supports and Services (LTSS) into Medi-Cal Managed Care

- Medi-Cal long term supports and services (LTSS) are not currently available in Medi-Cal managed care. They are billed to fee for service Medi-Cal.

  LTSS benefits:
  - In Home Supportive Services (IHSS)
  - Medi-Cal nursing home care
  - Multipurpose Senior Services Program (MSSP)
- 2014 implementation of the CCI: LTSS benefits are integrated into Medi-Cal managed care and will only available in a Cal MediConnect plan or a Medi-Cal health plan

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Medi-Cal Managed Care and In Home Supportive Services (IHSS)

- In 2014, counties will continue to administer IHSS and will determine hours and services
- IHSS consumers will continue to hire, fire and manage their IHSS workers
- Current fair hearing process for IHSS will remain in place

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Mental Health Transition to Medi-Cal Managed Care

- Medi-Cal mental health services will be coordinated by Medi-Cal Health Plans.
- County administered Medi-Cal specialty mental health services (e.g. intensive day treatment, crisis intervention) and Medi-Cal substance abuse treatment services (e.g. methadone therapy) will be carved out and will not be provided by Medi-Cal Health Plans.

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CCI Enrollment Options for Medicare and Medi-Cal Are Different

- **Enrollment in a Cal MediConnect Medicare/Medicaid plan** is **voluntary** and a dual eligible can disenroll on a monthly basis and return to original Medicare
- **Dual eligibles who opt out of Cal MediConnect are required to enroll into a Medi-Cal health plan.** They can change to a different Medi-Cal plan but cannot return to fee for service Medi-Cal

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Enrollment Options If You Have Original Medicare

Option #1: **Enroll into Cal MediConnect**

Enroll your Medicare A, B & D + your Medi-Cal benefits into a Medicare/Medicaid Plan

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5 Choices

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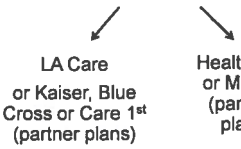
Enrollment Options If You Have Original Medicare

Option #2: Keep Original Medicare and Enroll into a Medi-Cal Health Plan

Keep your current Medicare A and B coverage and a Part D plan

Enroll in a Medi-Cal health plan



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Impact of selecting Option #2:

You keep your original Medicare

- Your Medicare benefits are **not** assigned to a Cal MediConnect plan
- You continue to see your Medicare providers who are paid by Medicare
- You are enrolled in a Medicare Part D drug plan, e.g. SilverScript, Envision Rx.
- Your Medi-Cal benefits are **assigned to a Medi-Cal health plan**

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How Will Your Medicare Coordinate with Your Medi-Cal Health Plan?

- The Medi-Cal health plan provides most of your Medi-Cal benefits.
- Medi-Cal health plans will require prior authorization for most Medi-Cal benefits.
- Your Medicare doctor must work with your Medi-Cal health plan to help you get the Medi-Cal services you need.
- Your Medicare providers must bill the Medi-Cal health plan for your Medicare copayments. The Medicare providers do not need to contract with the Medi-Cal health plan.

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Enrollment Options
If You Are In a Medicare Advantage Plan

Option #1: **Enroll into Cal MediConnect**

Enroll your Medicare A, B & D + your Medi-Cal benefits into a Medicare/Medicaid Plan

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5 Choices

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Enrollment Options

Option #2: Keep Medicare Advantage Plan and Enroll into a Medi-Cal Health Plan

Keep your current Medicare Advantage plan ✚ Enroll in a Medi-Cal health plan

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LA Care or Kaiser, Blue Cross or Care 1st (partner plans)

Health Net or Molina (partner plan)

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Impact of selecting Option #2:

Keep your Medicare Advantage (MA) plan and join a Medi-Cal health plan

- Persons in Medicare Advantage plans during 2014 will not be assigned to a Cal MediConnect plan.
- However, they are required to enroll into a Medi-Cal health plan. Passive enrollment into Medi-Cal health plans will start October 2014 primarily by birth month.

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How Will My Medicare Advantage(MA) Plan Coordinate with My Medi-Cal Health Plan Benefits?

- Your Medi-Cal plan will require prior authorization for the Medi-Cal services you need.
- Your Medicare Advantage doctor will work with your Medi-Cal health plan to help you get the Medi-Cal services you need. Your doctor does not have to contract with your new Medi-Cal plan.

PACE - Enrollment Alternative to Cal MediConnect or Mandatory Medi-Cal Managed Care

- PACE is a Medicare/Medicaid program that provides community based services for dual eligibles age 55 and older who are at risk for institutionalization.
- PACE will be a CCI enrollment alternative for dual eligibles who live in zip codes where a PACE program is available.
- Dual eligibles who choose PACE will still need to select a back up Cal MediConnect plan or Medi-Cal health plan in case they do not meet PACE eligibility requirements.

Cal MediConnect (CMC) Enrollment Process for LA County

- **April – June 2014: Voluntary enrollment period**
  Dual eligibles can voluntarily enroll only into LA Care or Health Net Cal MediConnect plans
- **July 2014 – June 2015: Passive enrollment into CMC plans**
  - Passive enrollment: Persons eligible for Cal MediConnect who do not enroll into a CMC plan or opt out will be assigned to a CMC plan
  - Most dual eligibles will be passively enrolled into a CMC plan by birthday month

LA County CMC Enrollment Process

- **July 2014:** All Dual eligibles in Medi-Cal health plans sponsored by LA Care or Health Net will be passively enrolled into the LA Care or Health Net CMC plans

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Cal MediConnect Enrollment Notification Process

- Person eligible for Cal MediConnect will receive notices and enrollment information starting 90 days before their targeted enrollment date.
  - 90 days – first notice
  - 60 days – second notice and enrollment materials
  - 30 days – last notice

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Information on CalMediConnect (CMC) Notices

- **90 day notice**
  - Informs you that there will be changes in your Medicare and Medi-Cal
  - You will have to make an enrollment choice in the future
  - Your choices – 1) enroll into a CMC plan;2) opt out to keep your Medicare and enroll into a Medi-Cal plan; 3) PACE (only available in some zip codes)

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Cal MediConnect (CMC) Notices

- **60 day notice**
  - Notice identifies the CMC plan you will be assigned to if you do not chose another CMC plan or opt out of Cal MediConnect
  - Enrollment materials are also sent out and include:
    - Information on the CMC plans in your county
    - The **Health Plan Choice Form:** has two sections, one section to select an alternative CMC plan and a second section to select a Medi-Cal health plan (opt out of Cal MediConnect)

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Health Plan Choice Form

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Cal MediConnect (CMC) Enrollment Notification Process

- **30 day notice - Final Notice**
  - Reminds you that you have received your CMC enrollment materials
  - Informs you that unless you make a different enrollment choice, you will be enrolled into a CMC plan – name of plan and date of enrollment is listed
  - States that you have other enrollment choices and can get out of the CMC plan at any time
  - Gives you a deadline date for making a different enrollment choice

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What Do Consumers Need to Think About When They Get Their Cal MediConnect Enrollment Materials

1) Do your doctors participate in any of the plans?

2) Which Cal MediConnect plan covers your prescriptions?

3) Compare the vision and transportation benefits offered by each Cal MediConnect plan

4) Make your enrollment choice by 1) filling out and returning the enrollment form or 2) call Health Care Options at 1-844-580-7272

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CHCR/HICAP Role in Cal MediConnect Enrollment Counseling

- Help clients understand:
  - The 90, 60 and 30 day notices they receive
  - How to use the enrollment form to enroll into Cal MediConnect or opt out and enroll into a Medi-Cal plan
  - Check Cal MediConnect pharmacy coverage
  - Compare supplemental benefits for vision and transportation

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Example 1

Mary is Medicare/Medi-Cal eligible. She has ESRD.

- Can Mary enroll into Cal MediConnect ?
- Does she have to enroll into a Medi-Cal health plan?

Mary is excluded from participation in Cal MediConnect because she has ESRD.

Mary is required to enroll into a Medi-Cal health plan.

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Example 2

Carol is Medicare/Medi-Cal eligible and is a member of a Kaiser Medicare Advantage plan.

- If Carol does not voluntarily enroll into Cal MediConnect will she be passively enrolled?
- Does she have to enroll into a Medi-Cal health plan?

Carol is excluded from enrollment in Cal MediConnect because she is a Kaiser member.

Carol will be required to join a Medi-Cal health plan.

Example 3

Bob is Medicare/Medi-Cal eligible and is developmentally disabled/mentally retarded and uses a regional center.

- Is Bob excluded from enrolling into Cal MediConnect?
- Does he have to enroll into a Medi-Cal health plan?

Bob is excluded from enrollment in Cal MediConnect but is required to enroll into a Medi-Cal health plan.