



CALIFORNIA HEALTH ADVOCATES

## Low Income Assistance: Cal MediConnect

### What is Cal MediConnect?

California is 1 of 15 states that has signed a Memorandum of Understanding (MoU) to participate in the State Demonstrations to Integrate Care for Dual Eligible Individuals. The MoU is with the Centers for Medicare & Medicaid Services (CMS), the federal agency that administers Medicare and Medicaid. The purpose of these State Demonstrations is to integrate Medicare and Medicaid benefits for people who are eligible for both programs, commonly called dual eligibles or “duals” for short, or “Medi-Medis.” Medicare and Medicaid (called Medi-Cal in California) were designed for different populations, with no coordination for people who qualify for both programs. For too long, Medicare and Medicaid operated as separate programs resulting in fragmented care for duals as well as higher spending.

The State Demonstrations, an initiative of the Affordable Care Act (ACA), aim to better coordinate care for duals, with the goals of better care for patients, better health for communities, and lower costs.

Cal MediConnect is the name of California’s Demonstration. Cal MediConnect is a major component of the Coordinated Care Initiative (CCI), which aims to integrate and coordinate the delivery of health, behavioral and long-term care (LTC) services for duals, seniors and people with disabilities. Besides Cal MediConnect, other components of CCI include integrating long-term services and supports (LTSS) into managed care and enrolling duals into Medi-Cal managed care for Medi-Cal benefits. LTSS includes In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS formerly Adult Day Health Care or ADHC), care coordination such as provided by a Multipurpose Senior Services Program (MSSP), and nursing home care.

Eight counties are selected for CCI: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara. California’s Department of Health Care Services (DHCS) is the lead agency responsible for Cal MediConnect in collaboration with other state agencies.

### What is a Cal MediConnect plan?

In line with the purpose of the Demonstrations, a Cal MediConnect plan integrates Medicare and Medi-Cal benefits. A dual who chooses a Cal MediConnect plan receives from one plan Medicare and Medi-Cal benefits, such as hospital, medical and prescription drug benefits (Medicare Parts A, B and D benefits), In-Home Supportive Services (IHSS), Community Based Adult Services (CBAS), care coordination, and nursing home care. In addition, the Cal MediConnect plan covers vision and transportation benefits. The vision benefit includes 1 routine eye exam per year and up to \$100 for eyeglasses or contact lenses every 2 years. The transportation benefit includes up to 30 one-way trips per year to medical appointments.

A Cal MediConnect plan may offer optional services. Referred to as Care Plan Option (CPO) services, these additional services would be provided with the goal of helping the individual stay safely in the home or community and preventing hospitalization. Examples of these services include additional personal care, home delivered meals, and home maintenance.

### When does Cal MediConnect start?

There are different start dates for different counties. The start date is the earliest that a dual can be passively enrolled into Cal MediConnect. Passive enrollment means the state enrolls a dual into a plan if the dual has not made a choice. Not all duals will be passively enrolled on the same date; most people can be enrolled in their birth month. Example: a dual whose

birthday is in September can be passively enrolled on September 1, 2014.

There are exceptions to the birth month rule:

- In San Mateo, all duals eligible for Cal MediConnect are enrolled in April 2014. In Orange, all duals eligible for Cal MediConnect are enrolled in January 2015.
- Duals already in Medi-Cal managed care can be passively enrolled on the start date for their county rather than in their birth month. Example: a dual in Medi-Cal managed care residing in Riverside whose birthday is in September can be passively enrolled on May 1, 2014.
- Duals in a Multipurpose Senior Services Program (MSSP) will be enrolled in one month rather than in their birth month as follows:
  - Alameda - January 1, 2015
  - Los Angeles - August 1, 2014
  - Orange - January 1, 2015
  - Riverside - August 1, 2014
  - San Bernardino - August 1, 2014
  - San Diego - August 1, 2014
  - San Mateo - April 1, 2014
  - Santa Clara - January 1, 2015

- Duals in a Medicare Advantage plan or reassigned to a different Part D benchmark plan starting January 1, 2104 will not be passively enrolled until January 1, 2015.

**Start dates for different counties**

Apr 1, 2014	San Mateo - All eligible duals will be enrolled on this date unless they opt out.
May 1, 2014	Riverside, San Bernardino and San Diego - Eligible duals can be passively enrolled in their birth month starting May 1, but they can voluntarily enroll into a Cal MediConnect plan starting Apr 1.
Jul 1, 2014	Los Angeles - Eligible duals can be passively enrolled in their birth month starting July 1, but they can voluntarily enroll in certain plans starting Apr 1.
Jan 1, 2015	Alameda, Orange and Santa Clara - Eligible duals can be passively enrolled in their birth month no sooner than Jan 1.

**Who is Eligible for Cal MediConnect?**

Not all duals are eligible for Cal MediConnect. Below are 2 lists: duals who are eligible and those who are not.

Duals must meet criteria below to be eligible for Cal MediConnect	Duals NOT eligible for Cal MediConnect
Age 21 years or older	Younger than 21 years
Eligible for Medicare Parts A, B and D	Eligible for Part A only or Part B only
No end-stage renal disease (exceptions in Orange and San Mateo counties)	ESRD patient (but eligible in Orange and San Mateo counties)
Have full Medi-Cal benefits or Have Medi-Cal with a share-of-cost (SoC) that is routinely met and <ul style="list-style-type: none"> <li>• Nursing facility resident or</li> <li>• Multi-purpose Senior Services Program (MSSP) enrollee or</li> <li>• IHSS recipient who met SoC the 4<sup>th</sup> and 5<sup>th</sup> months prior to the passive enrollment date</li> </ul>	Have share-of-cost (not routinely met) and <b>not</b> <ul style="list-style-type: none"> <li>• Nursing facility resident or</li> <li>• Enrollee in Multi-purpose Senior Services Program (MSSP) or</li> <li>• Recipient of In-Home Supportive Services (IHSS)</li> </ul> (See sidebar for more share-of-cost information)

Other duals NOT eligible for Cal MediConnect:

- Have Qualified Medicare Beneficiary only (QMB only) or Specified Low Income only Medicare Beneficiary (SLMB only)
- Have other insurance (e.g. Medigap or VA Health benefits)
- Reside in one of the Veterans' Homes of CA
- Reside in certain rural zip codes in Los Angeles, Riverside or San Bernardino county
- Receive services through a developmental center or care facility

- HIV/AIDS waiver
- Enrolled in a Kaiser health plan
- Reside in certain rural zip codes in San Bernardino county

As mentioned above, the following duals cannot be passively enrolled before January 2015:

- Reassigned to a Part D plan for 2014, or
- Enrolled in a Medicare Advantage plan, including a Special Needs Plan for dual eligibles (D-SNP), in 2014.

### Medi-Cal Share-of-Cost (SoC)

Some people have full Medi-Cal benefits because they lowered their countable income by paying for health insurance premiums. Otherwise, they would have to meet a SoC each month to get Medi-Cal coverage. People who lowered their countable income by buying a Medigap policy are not eligible for Cal MediConnect. People who lowered their countable income by buying dental coverage **are** eligible for Cal MediConnect. People who lowered their countable income by enrolling in a MA plan are eligible for Cal MediConnect but will not be passively enrolled in 2014.

### Exempt from passive enrollment

Of the duals who are eligible for Cal MediConnect, not all can be passively enrolled by the state. Below is a list of duals eligible for Cal MediConnect but who cannot be passively enrolled. These duals may voluntarily enroll in a Cal MediConnect plan, but they have to disenroll from their current plan or program. Many of these duals will receive notices about enrolling in a Medi-Cal managed care plan to receive Medi-Cal benefits.

- Enrolled in a Program for All-inclusive Care for the Elderly (PACE) plan
- Enrolled in AIDS Health Care Foundation
- Enrolled in one of the following 1915(c) Home and Community-Based waiver program
  - Nursing Facility/Acute Hospital waiver
  - Assisted Living waiver
  - In-Home Operations waiver

## Notices and Choice Form

Notices about Cal MediConnect are sent to eligible duals: 3 from the state Department of Health Care Services (DHCS)(note that the plans in San Mateo and Orange counties will mail these forms) and 1 from Medicare Part D plans. The first notice, sent 90 days before a dual's passive enrollment date, alerts the person about the upcoming change and the choices. The second notice is mailed 60 days before the passive enrollment date followed by a package including a Health Plan Guidebook and a Choice Form.

Within 10 days after the 60-day notice, a notice from a dual's Medicare Part D plan informs the dual he/she will be disenrolled from his/her Part D plan. A dual who wants to stay with the Part D plan must call the plan, which effectively means s/he opts out of Cal MediConnect.

The content of the third notice, sent 30 days before the passive enrollment date, depends on whether the person made a choice following the 60-day notice. If the dual chose a Cal MediConnect plan, the third notice will confirm the choice. If s/he opted out and chose a Medi-Cal managed care plan, the third notice will confirm the opt-out and the Medi-Cal health plan. For those who did not make a choice, the third notice will inform them that they will be passively enrolled into a Cal MediConnect plan and the effective date. After the enrollment date, the dual may disenroll from the Cal MediConnect plan at anytime and enroll in another Cal MediConnect plan (if available) or opt-out for Original Medicare, or an MA/D-SNP or PACE plan (if available).

## What Are My Options? Can I Opt Out?

As a dual eligible for Cal MediConnect, you may voluntarily enroll in a Cal MediConnect plan or opt out of Cal MediConnect. If you voluntarily enroll or are passively enrolled in a Cal MediConnect plan, you may disenroll at anytime and enroll in another Cal MediConnect plan (if available) or opt out.

If you opt out of Cal MediConnect, you have the following choices:

### **Original Medicare + Medi-Cal Managed Care Plan + Medicare Part D plan**

If you opt out of Cal MediConnect and choose Original Medicare, you must still enroll in a Medi-Cal managed care plan to receive Medi-Cal benefits, such as In-Home Supportive Services (IHSS), payment of Medicare deductibles and coinsurance, Community Based Adult Services (CBAS), care coordination and nursing home care. With Original Medicare which is fee-for-service, you can go to any doctor who accepts Medicare. Medicare pays the doctor the Medicare-approved amount, and the Medi-Cal managed care plan pays up to 20% coinsurance. You also need a Medicare Part D plan for outpatient prescription drug coverage. If you already have a Medicare Part D plan, you can keep it. If you do not yet have a Medicare Part D plan, you can enroll with your ongoing Special Election Period.

### **Medicare Advantage (MA) Plan + Medi-Cal Managed Care Plan**

If you opt out of Cal MediConnect and choose an MA plan, including a D-SNP, you must enroll in a Medi-Cal managed care plan to receive Medi-Cal benefits, such as In-Home Supportive Services (IHSS), Community Based Adult Services (CBAS), care coordination and nursing home care. (As noted earlier, if you are already enrolled in an MA plan effective January 1, 2014, you will not be passively enrolled in 2014.)

In particular, if you choose a D-SNP and Medi-Cal managed care plan combination, you will receive Medicare benefits and some Medi-Cal benefits from the D-SNP, and Medi-Cal LTSS

from the Medi-Cal health plan. If you choose a Medicare Advantage (not D-SNP) and Medi-Cal managed care plan combination, you will receive Medicare benefits from the MA plan, and Medi-Cal benefits, including LTSS, from the Medi-Cal health plan.

In a D-SNP, you cannot be charged premiums or cost-sharing, but if you are in other types of MA plans (HMO and PPO), you may be charged premiums and cost-sharing. There are no premiums in Cal MediConnect plans.

Currently, in 6 of the 8 counties, duals in a D-SNP must be in a matching Medi-Cal health plan. With CCI, the matching does not apply; you may join any Medi-Cal health plan available in your county. However, by joining a Medi-Cal health plan that matches your D-SNP, you may have easier access to providers and care coordination.

### **What's the difference: Cal MediConnect vs. D-SNP vs. Medi-Cal managed care plan?**

Most of the organizations offering Cal MediConnect plans also administer Medi-Cal managed care plans and offer D-SNPs. Although the benefits overlap, they are different in each plan because the plans are under different contracts. An MA organization offering a D-SNP has a contract with Medicare which requires it to contract with the state DHCS to offer Medi-Cal services as supplemental benefits. A Cal MediConnect plan is in a 3-way contract with Medicare and the state DHCS to provide Medicare and Medi-Cal services, including long-term services. A Medi-Cal managed care plan is in a contract with the state DHCS to pay Medicare cost-sharing (deductibles and up to 20% coinsurance) and provide Medi-Cal services, including long-term services, for duals. Thus an organization that administers all 3 plans will provide different benefits depending on which plan the dual is in.

## Program for All-inclusive Care for the Elderly (PACE) Plan

The Program for All-inclusive Care for the Elderly (PACE) provides comprehensive medical, social and long-term care services to individuals who would otherwise reside in a nursing facility. The PACE plan provides Medicare and Medi-Cal benefits as well as other services to help the enrollee live safely at home or in the community. There are PACE plans in 7 of the CCI counties: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego and Santa Clara.

To be eligible for PACE, you must:

- Reside in the county and zip code served by the PACE plan (for PACE plans, county and zip code, see <http://www.dhcs.ca.gov/individuals/Pages/PACEPlans.aspx>);
- Be 55 years or older;
- Be able to live safely in the community; and
- Be determined by the PACE plan's interdisciplinary team and certified by DHCS to need a nursing home level of care.

If you choose a PACE plan, you must also choose a Medi-Cal health plan or a Cal MediConnect plan as a backup in case you are not accepted into the PACE plan.

If you initially opt out of Cal MediConnect and choose Original Medicare or an MA/D-SNP or PACE plan, you may later enroll in a Cal MediConnect plan.

## What Should I Consider in Deciding?

### 1. Providers and suppliers

- Do you have doctors you want to keep? Are they in the Cal MediConnect plan's network? You can find out if your doctor is in the plan's network by asking your doctor if s/he is in a plan's network, or calling the plan or checking the plan's provider directory. If you choose a plan or are passively enrolled, and later find out that your doctor is not in the plan's network, you may ask to continue to see that doctor (see sidebar on Continuity of Care).

- If you are receiving long-term services and supports (e.g. CBAS, MSSP), find out if your providers are in the Cal MediConnect or Medi-Cal health plan's network. Even if you decide to opt out of Cal MediConnect and choose Original Medicare or an MA plan, you must choose a Medi-Cal health plan for LTSS. If you are in a nursing home, you may stay in the same nursing facility (see sidebar on Continuity of Care).
- If you regularly get medically necessary supplies or equipment from a certain supplier, find out if the supplier is in the Cal MediConnect plan's network. If the supplier is not in the plan's network, even if the supplier is contracted with Medicare, you will have to change suppliers if you join the Cal MediConnect plan.

### 2. Medications

You can find out if your medications are covered by the Cal MediConnect plan on the Medicare Plan Finder at [www.medicare.gov](http://www.medicare.gov). Cal MediConnect plans must follow the same rules as other Medicare Part D plans. If you are taking a drug that is not covered by the Cal MediConnect plan, the plan is required to cover the drug during the transition period. You may request an exception (as you would with other Medicare Part D plans) if your medication is not in the plan's formulary or is subject to prior authorization, step therapy or quantity limits. In addition, you may want to find out if the pharmacy you use is in the plan's network, and if network pharmacies are conveniently located.

### 3. Care coordination

As its name suggests, the Coordinated Care Initiative has care coordination as a goal. Care coordination can be defined as activities or services that help an individual improve his functional capacity and quality of life, and stay in his home or community. Care coordination activities can include assessing an individual's needs; identifying needed medical, social and long-term care services; contacting the appropriate service providers; setting up a schedule; making appointments; and managing the exchange of information

among different providers. The level of care coordination depends on an individual’s needs. For example, a person with multiple chronic conditions needs a higher level of care coordination than someone with a milder condition. Another example: a person who returns home after surgery would need care coordination to arrange for therapy services, meal delivery, and transportation to follow-up appointments. Cal MediConnect plans are required to coordinate care for their members.

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This fact sheet contains general information and should not be relied upon to make individual decisions. If you would like to discuss your specific situation, call the Health Insurance Counseling and Advocacy Program (HICAP) at **1-800-434-0222**. HICAP provides objective information and counseling at no charge (free). HICAP can help you understand the different notices and your rights, compare your options, and find out if your medications are covered by the Cal MediConnect plan.

**Note:** Online access to all CHA fact sheets on Medicare and related topics is available for an annual subscription. See [cahealthadvocates.org/facts.html](http://cahealthadvocates.org/facts.html).

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This special educational effort is funded by a grant from The California Wellness Foundation (TCWF). Created in 1992 as a private independent foundation, TCWF’s mission is to improve the health of the people of California by making grants for health promotion, wellness education and disease prevention.

**Continuity of Care**

If you are in a Cal MediConnect plan but the doctor who has treated you is not in the plan’s network, you may ask the Cal MediConnect plan to let you see that doctor for a limited time. If the doctor provides Medicare services, you may ask to see that doctor for up to 6 months. If the doctor provides Medi-Cal services, you may ask to see that doctor for up to 12 months. Your request may be granted if, prior to joining the Cal MediConnect plan, you saw the doctor at least once in the last 12 months if the doctor is a primary care physician, and at least twice if the doctor is a specialist. In addition, there must not be any quality of care concerns regarding the doctor, and the doctor must be willing to accept payment from the Cal MediConnect plan.

This continuity of care provision extends to other health care providers but not to suppliers of durable medical equipment (e.g. wheelchairs, walkers) or transportation service providers. For example, if you have been getting medical supplies from a supplier who is not contracted with the Cal MediConnect plan, you will have to change to a network supplier.

If you reside in a nursing facility before joining a Cal MediConnect plan, you may stay in that facility if it is licensed by the California Department of Public Health, meets acceptable quality standards, and agrees to Medi-Cal payment rates. In other words, the facility does not have to be in the plan’s network in order for you to continue to stay there.