

California's Coordinated Care Initiative

*Los Angeles County Stakeholder Meeting
September 17, 2014*

Roadmap

- January Enrollment Wave
- Revised Cal MediConnect Notices & Choice Form
- Cal MediConnect Continuity of Care Policy Update

Revised Cal MediConnect Notices



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 **second letter** because you have **BOTH** Medicare and Medi-Cal. The way you get your health care is changing. You will keep the benefits and services you have now, but you will get them in a different way. Unless you choose a different option, in 60 days, you will be automatically enrolled in a new Cal MediConnect plan <Plan Name>.

If you do not want to be enrolled in the plan selected for you, you **must** take action.

**If you do not do anything, your coverage in Cal MediConnect
<Plan Name>
will become effective on 00/00/0000**

In the next few days, you will receive a Health Plan Guidebook and a Choice Book to help you better understand the Cal MediConnect program and the plan you have been assigned. Carefully review that information when you receive it.

What are my choices?

- Automatically enroll in the Cal MediConnect plan that we have chosen for you starting 00/00/0000.** To do this, you do not have to do anything. It will be automatic.
- 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 fill out and return the Plan Choice Form by 00/00/0000 to choose from these options:
 - Option A: **Enroll in a different Cal MediConnect Plan.**
 - Option B: **Keep your Medicare the way it is AND enroll in a Medi-Cal plan.**

Z You can also find out if you are eligible to enroll in the Program of All-Inclusive Care for the Elderly (PACE).

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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
Address, City

9 9 9 9 9
Zip Code

9 9 9 9 9
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	OR	OPTION B
Combine my Medicare and Medi-Cal benefits in one plan. Choose one of these Cal MediConnect Plans:		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:
<input type="radio"/> 800 L.A. Care <input type="radio"/> 801 Health Net <input type="radio"/> 816 Molina Dual Options <input type="radio"/> 817 Care1st <input type="radio"/> 818 CareMore *		<input type="radio"/> 304 L.A. Care Health Plan Plan Partners <input type="checkbox"/> CF Care1st Partner Plan, LLC <input type="checkbox"/> KA KP Cal, LLC <input type="checkbox"/> LA L.A. Care Health Plan <input type="checkbox"/> BC Anthem Blue Cross Partnership <input type="radio"/> 352 Health Net Comm Solutions Plan Partners <input type="checkbox"/> HN Health Net Comm Solutions <input type="checkbox"/> MO Molina Healthcare Partner
* 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): PACE Plan:
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.
 052 AltaMed Senior BuenaCare

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.

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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Cal MediConnect Continuity of Care

- Physician Services:
 - Continuity period is 6 months for Medicare Services, 12 months for Medi-Cal
 - Payment is at least 80% of Medicare fee schedule plus any copays that Medi-Cal is required to pay
 - Beneficiary and physician must have preexisting relationship: one visit in 12 months prior to enrollment for primary care, and two visits for specialists

Proposed Updates to Continuity of Care

- Requesting Continuity of Care
 - Providers can now request Continuity of Care
 - Can help provide protections for beneficiaries lacking capacity
 - Continuity of Care can be requested by phone
 - Plans can request necessary information
 - Plans cannot require beneficiaries to request through forms
 - Request must be processed within 3 calendar days if there is risk of harm to the beneficiary
 - Plans must actively try to determine continuity of care needs as part of HRA process

Proposed Updates to Continuity of Care

- Retroactive Continuity of Care
 - Providers or beneficiary can now request continuity of care after service delivery
 - Request must come within 30 calendar days of first service following enrollment
 - Allows patients to see providers while plan processes request

Proposed Updates to Continuity of Care

- Beneficiaries must be notified that Continuity of Care is time-limited
 - Notification must include duration of continuity of care, process for transition following that period, and the beneficiary's right to choose different in-network providers
 - Within 7 calendar days of request approval, and 30-days prior to end of continuity of care period

Proposed Updates to Continuity of Care

- Covered providers
 - Does not include providers of DME, transportation or ancillary services
 - Residents of NFs receive automatic continuity of care for life of program
- Providers must comply with plan utilization management policies

Questions?

- Email info@calduals.org
- Twitter @CalDuals