

## Cal MediConnect – January 2015 Enrollment FAQ

### What populations are enrolling in Cal MediConnect in January 2015?

January 2015 is a unique month in Cal MediConnect enrollment, and will include enrollment for several groups who had been held out of enrollment until now:

- **Beneficiaries with January birthdays in Medicare & Medi-Cal FFS:** These beneficiaries in active CCI counties will be passively enrolled in Cal MediConnect.
- **Santa Clara County:** The Santa Clara County Medi-Cal managed care crosswalk is happening in January as the county launches Cal MediConnect enrollment. MSSP beneficiaries in Santa Clara County will also enroll in Cal MediConnect.
- **Enrollees in DSNPs associated with Cal MediConnect plans (CMC-DSNPs):** Under the DSNP policy, Cal MediConnect eligible beneficiaries enrolled in a Duals Special Needs Plan (DSNP) associated with a Cal MediConnect plan **cannot stay in their DSNP**. They must either move into a Cal MediConnect plan, or opt out of Cal MediConnect and choose a different Medicare Advantage plan or Medicare fee-for-service and a new Part D plan.
- **Medicare Part D LIS Re-assignees:** These are beneficiaries who either had to change their Part D plans in January 2014 and were not included in passive enrollment, or will need to change their plan in January 2015, because the Part D plan they were enrolled in will have premiums increasing above benchmark next year. Under the Coordinated Care Initiative, individuals will not be passively enrolled twice in a single calendar year.

### ALL ENROLLEES

#### Why did beneficiaries receive Part D disenrollment notices in October, instead of after the 60-day notice in November?

For January 2015 enrollees, the Cal MediConnect passive enrollment plan assignment process happened one month early at the 90-day point rather than the 60-day point. This was due to data system needs for several of the new populations moving into Cal MediConnect in January. As a result, beneficiaries will receive the Part D insert in their 90-day notice, and will receive Part D disenrollment notices in mid-October.

### DSNP ENROLLEES

#### Who are CMC-DSNP enrollees?

Duals Special Needs Plans (DSNPs) are a special type of Medicare Advantage (MA) plan that is designed to provide extra support to dual eligible beneficiaries. In CCI counties, some of those DSNPs are being phased out now that Cal MediConnect plans are available. Beneficiaries who are eligible for Cal MediConnect will not be able to enroll in a DSNP after January 2015. Cal MediConnect beneficiaries who are already enrolled in a DSNP operated by a Cal MediConnect plan will be passively enrolled in the organization's Cal MediConnect plan in January 2015.

## **What options are available to CMC-DSNP enrollees?**

Just like other eligible beneficiaries, CMC-DSNP enrollees may choose to enroll in the Cal MediConnect plan assigned to them (the plan associated with their DSNP) or they can choose a different Cal MediConnect plan in their county.

If CMC-DSNP enrollees choose to opt out of Cal MediConnect, they will remain enrolled in the DSNP for the remainder of 2014 and then will be disenrolled at the end of the year. They will automatically be put into Original (fee-for-service) Medicare and enrolled in LINET in early January for Part D coverage. They are encouraged to choose a new Part D plan before January 1<sup>st</sup> but may do so at any time. They may also call 1-800 MEDICARE or contact a Medicare Advantage Plan to enroll in a Medicare Advantage plan. But they are no longer eligible to remain in their DSNP or to enroll in a different DSNP after 12/31/14. They must also choose a Medi-Cal managed care plan for Medicaid benefits.

## **What extra help might CMC-DSNP enrollees need in their enrollment process?**

- **Cal MediConnect:** CMC-DSNP enrollees will be assigned to the Cal MediConnect plan associated to their DSNP plan, which should help smooth the transition. However, the DSNP provider network may not match the Cal MediConnect network exactly. In addition, beneficiaries will now receive their Medi-Cal benefit and services through the Cal MediConnect plan. Beneficiaries may still want to check with their Cal MediConnect plan to be sure that their providers will continue to be in network. Continuity of care protections can help beneficiaries continue to see their physicians, fill prescriptions, and receive needed services through a transition period.
- **Medi-Cal Managed Care:** If a CMC-DSNP enrollee wants to opt out of Cal MediConnect, they cannot stay in their DSNP. They may choose another Medicare Advantage plan, or they will be put into Original Medicare (fee-for-service). They are encouraged to choose a new Part D plan or they will be enrolled in LINET in early January for Part D coverage until they are assigned a new Part D Plan. They still must choose a plan for their Medi-Cal benefits. They do not have to have “matching” Medicare and Medi-Cal plans – they can pick a Medicare plan that is different than their Medi-Cal plan.

## **What about other DSNP or MA enrollees?**

Dual eligible beneficiaries who are enrolled in a DSNP that is not operated by a Cal MediConnect plan or who are enrolled in a Medicare Advantage plan will not be passively enrolled in Cal MediConnect. They will stay in their existing plan, and will just have to select a Medi-Cal plan for their Medi-Cal benefits.

They do not have to choose a Medi-Cal plan that “matches” their Medicare plan.

## **What notices will CMC-DSNP enrollees receive?**

Like other beneficiaries eligible for Cal MediConnect, CMC-DSNP enrollees will receive the 90, 60, and 30-day Cal MediConnect notices as well as the Guide Book and Choice Book.

These enrollees may also receive a letter from their DSNP plan letting them know that they cannot stay in the plan in 2015. CMS has developed template letters that DSNPs can use which will explain the transition to Cal MediConnect. This letter will be mailed at the end of September.

## **PART D LIS REASSIGNEES**

### **Who are Part D LIS re-assignees?**

Every year, Medicare assigns a number of dual eligible beneficiaries in the Low Income Subsidy (LIS) program to new Medicare Part D plans. This happens for two reasons. First, a Part D plan may no longer be offered in a service area or the Part D plan may be closing entirely. Second, changes in the benchmarks that Medicare uses to set premiums may mean that the plan will no longer be premium-free to the beneficiary. For this reason, beneficiaries are automatically enrolled into another Part D plan that will ensure the beneficiary does not have to pay premiums. If they want, beneficiaries can choose their own Part D plan, and are given a list of lowest cost Part D plans available to help them make that choice.

### **Why are Medicare Part D LIS re-assignees all enrolling in Cal MediConnect now?**

Under the Coordinated Care Initiative, we limit how many times in a year a beneficiary can be assigned to a new plan that includes their Medicare benefits. For this reason, a beneficiary cannot receive a new LIS Part D plan assignment and a Cal MediConnect plan assignment within the same 12 months.

In January, Medicare Part D re-assignees will be passively enrolled in Cal MediConnect instead of being assigned to stand-alone Part D plans. This includes all Cal MediConnect-eligible beneficiaries who received a new Part D plan assignment in January 2014, and so were held out of Cal MediConnect enrollment until January 2015. It also includes beneficiaries who would otherwise have received a new Part D plan assignment in January 2015, the 2015 LIS re-assignees.

### **What is different for Medicare Part D LIS re-assignees under Cal MediConnect?**

The 2015 LIS re-assignees who are eligible for Cal MediConnect have not been paired with a new \$0 premium Part D plan. Instead, they have been designated for the Cal MediConnect passive enrollment process. This means that they will not receive the usual Part D notices informing them that if they stay with their current Part D plans, they will have to start paying premiums in January 2015. They also will not receive the list of \$0 premium Part D plans in their area.

This means that if they decide to opt out of Cal MediConnect, a 2015 LIS reassignee could remain enrolled in their Part D plan that will now require increased premium payments in 2015. While the beneficiary will receive the ANOC, it is unlikely the beneficiary will know that they

must choose a new plan in order to not pay Part D premiums in 2015, or what plan options are available to them.

**What extra help might Part D plan re-assignees need in their enrollment process?**

*If these beneficiaries do not choose a new \$0 premium plan after opting out of Cal MediConnect, they will have to pay premiums for their Part D plan in 2015.*

Part D plan re-assignees may need extra help if they decide to opt out of Cal MediConnect. This is because the opt-out process is designed to keep a beneficiary enrolled with their current Part D plan. For this population, that may mean that they will remain in a plan that will result in higher costs for 2015. To maintain a \$0 premium for their Part D plan, this group of beneficiaries may need to select a new plan. Because they will not receive the usual Medicare informational mailings about this plan selection, they may need additional assistance selecting a new plan that will cover their needed prescriptions without premium payments.

**What notices will Part D LIS re-assignees receive?**

Like other beneficiaries eligible for Cal MediConnect, Part D LIS enrollees will receive the 90, 60, and 30-day Cal MediConnect notices as well as the Guide Book and Choice Book.

The 90-day notice will include the Part D insert to help explain why they are receiving the Part D disenrollment notice from their Part D plans in mid-October.

**NOTICING SCHEDULE FOR JANUARY ENROLLEES**

<b>Date</b>	<b>Population</b>	<b>Notice</b>	<b>Mailed by:</b>
Sept 29	All Jan enrollees  Just DSNP cross-walk	<ul style="list-style-type: none"> <li>• <a href="#">90-day Cal MediConnect Notice</a> <ul style="list-style-type: none"> <li>○ <a href="#">COHS Version</a></li> </ul> </li> <li>• <a href="#">Part D Insert</a></li> <li>• <a href="#">DSNP Insert</a></li> </ul>	DHCS (or COHS plan)
Sept 30	CMC-DSNP enrollees in renewing DSNPs	Beneficiaries will receive either: <ul style="list-style-type: none"> <li>• <a href="#">ANOC</a></li> <li>• Alternative DSNP notice tailored for this audience (<a href="#">COHS</a>, <a href="#">non-COHS</a>)</li> </ul>	DSNP Plan
Oct 2	CMC-DSNP enrollees in non-renewing DSNPs	<a href="#">DSNP termination notice tailored for this population</a>	DSNP Plan
Mid Oct	All Jan enrollees	<a href="#">Part D Disenrollment Notice</a>	DSNP or Part D Plan
Oct 29	All Jan enrollees  Just DSNP cross-walk	<ul style="list-style-type: none"> <li>• <a href="#">60-day Cal MediConnect Notice</a> <ul style="list-style-type: none"> <li>○ <a href="#">COHS Version</a></li> </ul> </li> <li>• <a href="#">DSNP Insert</a></li> </ul>	DHCS (or COHS plan)

Oct 31	All Jan enrollees	Enrollment Choice Packet: <ul style="list-style-type: none"> <li>• <a href="#">Guidebook</a></li> <li>• <a href="#">Choice Book</a></li> <li>• <a href="#">COHS Version</a></li> </ul>	DHCS (or COHS plan)
Nov 24	All Jan enrollees	<a href="#">30-day Cal MediConnect Notice</a> <ul style="list-style-type: none"> <li>• <a href="#">COHS Version</a></li> </ul>	DHCS (or COHS plan)
Dec 1	All Jan enrollees	Welcome Packet	CMC Plans
By Dec 31	All Jan enrollees	Member Handbook Evidence of Coverage	CMC Plans