

California's Coordinated Care Initiative

Los Angeles County



Medicare and Medi-Cal Today

Medicare

Who: 65+, under 65 with certain disabilities

- Doctors
- Hospitals
- Prescription drugs

Medi-Cal

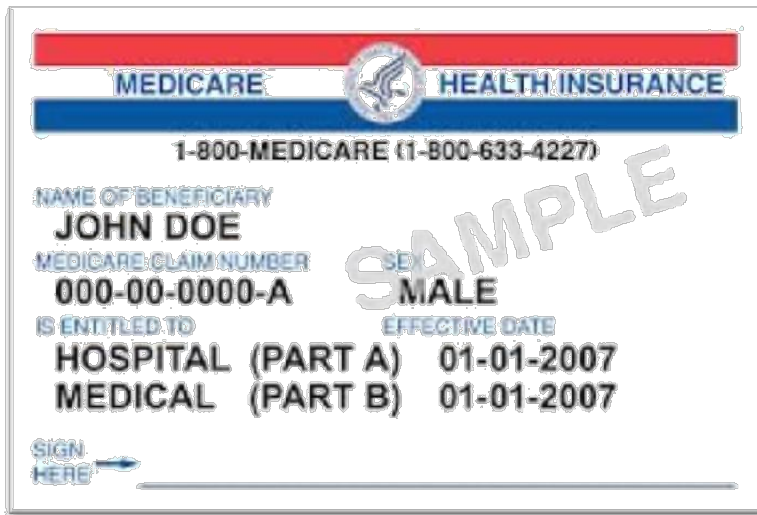
Who: low-income Californians

- Long-term services and supports
 - MSSP, IHSS, CBAS, nursing facilities, non-emergency medical transportation
- Durable medical equipment
- Medicare cost sharing

Medicare and Medi-Cal Today

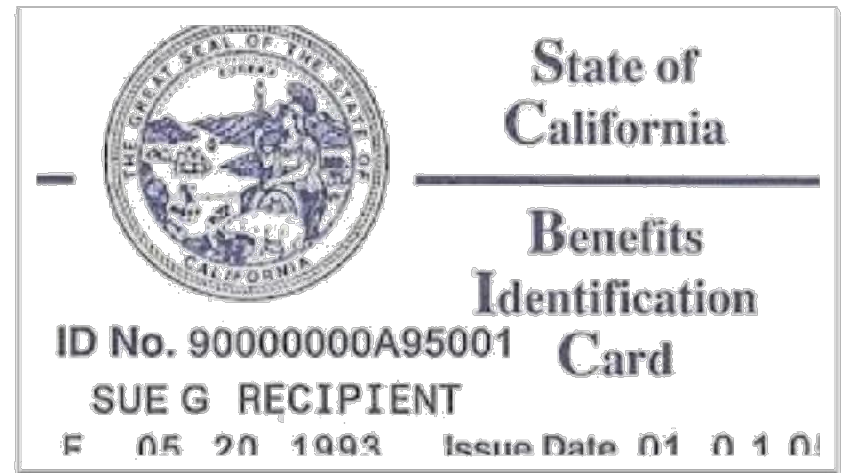
Medicare

Who: 65+, under 65 with certain disabilities



Medi-Cal

Who: low-income Californians



Person Centered Care

- Right Care
- Right Time
- Right Place



The Coordinated Care Initiative: Two Parts

Cal MediConnect

Who: many full dual eligible beneficiaries

- Optional
- Combines Medicare and Medi-Cal benefits into one managed care health plan
- Additional services, including care coordination

Medi-Cal

Managed Long-Term Services and Supports (MLTSS)

Who: Medi-Cal only beneficiaries, full dual eligibles who opt out of Cal MediConnect, other identified groups eligible for Medi-Cal

- Mandatory
- Beneficiaries will now receive Medi-Cal benefits through a managed care health plan, including LTSS and Medicare wrap-around.

Cal MediConnect

- Who: Medi-Medi beneficiaries
- Optional

- Original Medicare and Medi-Cal services
- One number for all your health care needs
- Vision benefit: one routine eye exam annually and \$100 towards eye glasses/contacts every two years
- Transportation benefit: 30 1-way trips per year in addition to the existing transportation benefit
- Care Coordination

Cal MediConnect Care Coordination

- Cal MediConnect plans will give providers information and resources to support care coordination.
 - **Health Risk Assessments (HRAs)**
 - Primary, acute, LTSS, behavioral health and functional needs
 - **Interdisciplinary Care Teams**
 - Beneficiary, plan care coordinator, key providers
 - **Individualized Care Plans**
 - Care teams will develop and implement ICPs
 - **Plan Care Coordinators**
 - Facilitates communication between plans, providers, beneficiary

Cal MediConnect Plans

Los Angeles

- L.A. Care
- Care More Cal MediConnect Plan
- Care 1st Cal MediConnect Plan
- Health Net Cal MediConnect
- Molina Dual Options

Medi-Cal

Managed Long-Term Services and Supports

- Who: Medi-Cal only beneficiaries, full dual eligibles who opt out of Cal MediConnect, other identified groups eligible for Medi-Cal
- Mandatory

- Same Medi-Cal services beneficiaries currently receive
- Medi-Cal long-term services and supports (MLTSS) will now be provided through managed care plans
- This impacts both beneficiaries not eligible for Cal MediConnect and beneficiaries who opt out of Cal MediConnect

MLTSS Plans

Los Angeles

- L.A Care
 - Anthem
 - Care 1st Health Plan
 - Kaiser Permanente
- Health Net
 - Molina Health Plan

PACE

Program of All-inclusive
Care for the Elderly

- Who: Medi-Medi beneficiaries and Medi-Cal beneficiaries
- Option available to those who are determined eligible

You may be eligible to enroll in a PACE program

If you:

- Are 55 or older
- Live in your home or community setting safely
- Need a high level of care for a disability or chronic condition
- Live in a ZIP code served by a PACE health plan

PACE Plans

Los Angeles

- Altamed Senior BuenaCare
 - 1-877-462-2582
- Brandman Centers for Senior Care
 - 1-818-774-3065

Cal MediConnect Notices

90 Day Notice

State of California
Health and Human Services

Cal MediConnect
Your plan for managing care

JOHN SAMPLE
1234 SAMPLE STREET
ADDRESS 2
ANYTOWN, CA 90000

XXXXXXXXXXXX

Important Information

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 more choices to meet your health care needs.

What is a Cal MediConnect plan?
A Cal MediConnect plan is a Medicare/Medi-Cal plan that will manage your Medicare and Medi-Cal benefits. Enrolling in a Cal MediConnect plan means that you keep your Medicare and Medi-Cal benefits with the same cost to you. You must use your Cal MediConnect provider. You can also get additional transportation and vision benefits.

What are my plan choices?
You will need more information about your health plan choices soon. You may choose a Cal MediConnect plan, or choose to stay with regular Medicare. If you choose to stay with regular Medicare, you must choose a Medi-Cal health plan for your Medi-Cal benefits. If you do not make a choice, we will choose one of the Cal MediConnect plans for you. You keep the benefits and services you have now, and the Cal MediConnect plan will work with your doctors and providers.

This is the first letter telling you about your new choices. You will get a second letter with more information about your choices soon. You may choose a Cal MediConnect plan if you would like to choose to stay with regular Medicare.

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60 Day Notice

State of California
Health and Human Services

Cal MediConnect
Your plan for managing care

JOHN SAMPLE
1234 SAMPLE STREET
ADDRESS 2
ANYTOWN, CA 90000

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Important Information

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 more choices to meet your health care needs.

This is the second letter telling you about your new options. You may choose a Cal MediConnect plan, or choose to stay with regular Medicare. If you choose to stay with regular Medicare, you must choose a Medi-Cal health plan for your Medi-Cal benefits. If you do not make a choice, we will choose one of the Cal MediConnect plans for you.

Based upon your past services and health care needs, you have been assigned to the Cal MediConnect plan named before. Unless you choose to stay with regular Medicare, you do not need to do anything and your coverage in this plan will become effective on MM/DD/YYYY. (Health Plan Name)

How will this change affect me?
Enrolling in a Cal MediConnect plan will:

- Keep your Medicare and Medi-Cal benefits with out any extra costs.
- Keep all of the services and benefits you receive now.
- Ensure that all of your doctors, specialists, and other providers will work together to get you the care you need.
- Give you additional transportation and vision benefits.

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30 Day Notice

State of California
Health and Human Services

Cal MediConnect
Your plan for managing care

JOHN SAMPLE
1234 SAMPLE STREET
ADDRESS 2
ANYTOWN, CA 90000

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Final Notice: Important Reminder 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. This is the third and final letter telling you about these changes. Please read this notice carefully.

Unless you choose a different option, your coverage in (Health Plan Name) will become effective on MM/DD/YYYY. We chose this plan for you based on your past services and health care needs, but you still have the right to choose to stay in regular Medicare or to select a different Medi-Cal health plan.

How will this change affect me?
Enrolling in a Cal MediConnect plan will:

- Keep your Medicare and Medi-Cal benefits without any extra costs.
- Combine your Medicare and Medi-Cal benefits into a single plan.
- Help ensure that all of your doctors, specialists, and other providers work together to get you the care you need.
- Give you additional transportation and vision benefits.

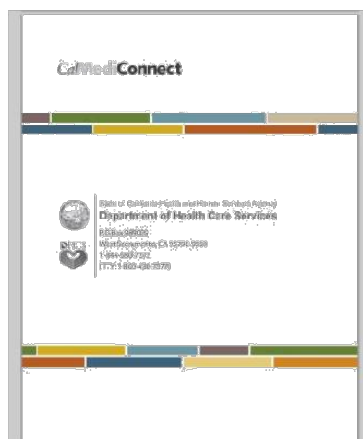
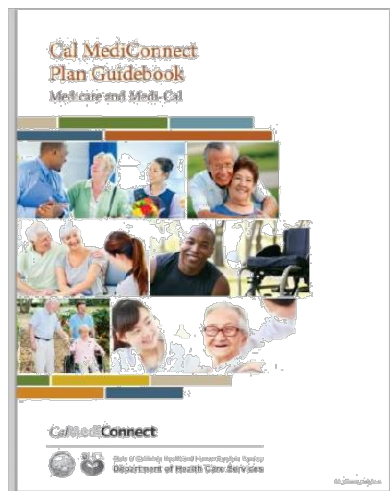
How does a Cal MediConnect plan help me?
The change is happening so your Medicare and Medi-Cal benefits can work better together, and work better for you.

Your doctors, pharmacists, Long Term Services and Supports caregivers, and other providers will work together to care for you. The Cal MediConnect plan will help them coordinate the services that you need. This is called "care coordination."

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Cal MediConnect Guidebook



Cal MediConnect Plans

RIVERSIDE & SAN BERNARDINO COUNTIES

IEHP Dual Choice:
1-877-373-1611 (447) • (714) 1-800-718-3441
www.iehp.org

Molina Dual Options:
1-855-960-4622 • (714) 711-1111
www.molinahealthplans.com/dual

SAN DIEGO COUNTY

Care1st Cal MediConnect Plan:
1-855-455-3625 • (619) 771-7111
www.care1st.com/calmediconnect

CompassCare Advantage:
1-855-344-5426 • (619) 1-855-466-4364
www.cpac.com

Health Net Cal MediConnect:
1-888-388-5465 • (619) 771-7111
www.healthnet.com/calmediconnect

Molina Dual Options:
1-855-960-4622 • (714) 711-1111
www.molinahealthplans.com/dual

SAN MATEO COUNTY

Care Advantage CME:
1-866-889-3606 • (415) 1-800-335-2559 or 711
www.care.com

People with Medi-Cal in San Mateo County do not need to make a choice about which Cal MediConnect plan to join. This county is called a County Organized Health System (COHS) and has only one Cal MediConnect plan covering the county.

These plans cover both Medicare and Medi-Cal Long Term Services and Supports.

2 | CAL MEDICONNECT PLANS

How to choose a health plan

STEP 1 Find the best health plan for you.

Cal MediConnect

Do you want to get your Medicare and Medi-Cal benefits together in one Cal MediConnect plan? If yes, a Cal MediConnect health plan may be good for you.

Look on the inside front cover (page 2) of this Guidebook for a list of the Cal MediConnect plans available in your county. There is also information on these Cal MediConnect plans in your Choice booklet.

Medi-Cal Plan for Long Term Services and Supports

Do you want to keep your Medicare separate and join a health plan for your Medi-Cal (including LTSS)? If yes, then a Medi-Cal only health plan may be good for you. Look on page 21 in this Guidebook for a list of the Medi-Cal health plans available in your county. If you think you qualify, you can also choose PACE. PACE will contact you to see if you do.

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

See page 13 for more information about PACE. If you think you may qualify, you can choose PACE. You must still choose a Cal MediConnect Plan or a Medi-Cal health plan, just in case you do not qualify to join PACE. PACE will send you a letter telling you whether or not you meet the requirements to join. Look on page 22 for a list of PACE Plans available in your county.

STEP 2 Choose the type of health plan that is a good fit for you.

Make a list of your main doctors, providers, and care needs.

Use the worksheet on page 23 to make a list of your providers and health care needs. Use this list when you call the health plans to learn more about their services. Ask the health plans if they work with your providers and cover your prescription drugs and medical equipment.

Do you have a doctor or other provider you like?

Ask your doctors if they work with any of the health plans in your county. You can also look in the health plan "provider directories" to see if your doctors or providers are listed. You may be able to keep seeing your current doctors for up to six months. See page 10 for more information.

14 | HOW TO CHOOSE A HEALTH PLAN

MLTSS

90 Day Notice

State of California - Health and Human Services
Department of Health Care Services
PO Box 999997, West Sacramento, CA 95799-9997

JOHN SAMPLE
1234 SAMPLE STREET
ANYTOWN, CA 90000

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 get here 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 provider.
- Community-Based Adult Services (CBAS)** are daytime health care activities, provide nursing, therapy, activities and meals for people with certain chronic health conditions.

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60 Day Notice

State of California - Health and Human Services
Department of Health Care Services
PO Box 999997, West Sacramento, CA 95799-9997

JOHN SAMPLE
1234 SAMPLE STREET
ANYTOWN, CA 90000

Important Information

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 on 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.

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30 Day Notice

State of California - Health and Human Services
Department of Health Care Services
PO Box 999997, West Sacramento, CA 95799-9997

JOHN SAMPLE
1234 SAMPLE STREET
ANYTOWN, CA 90000

Important Final Reminder

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

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. This is the FINAL reminder letter telling you about your options for choosing a Medi-Cal plan. Unless you choose a different Medi-Cal plan, your coverage in [Health Plan Name] will become effective on MM/DD/YYYY. We chose this plan for you based on your past services and health care needs, but you still have the right to choose a different Medi-Cal plan. If you have Medicare, this change does not affect your Medicare coverage or your ability to see your Medicare doctor.

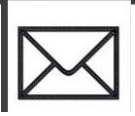
How will this change affect me?

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

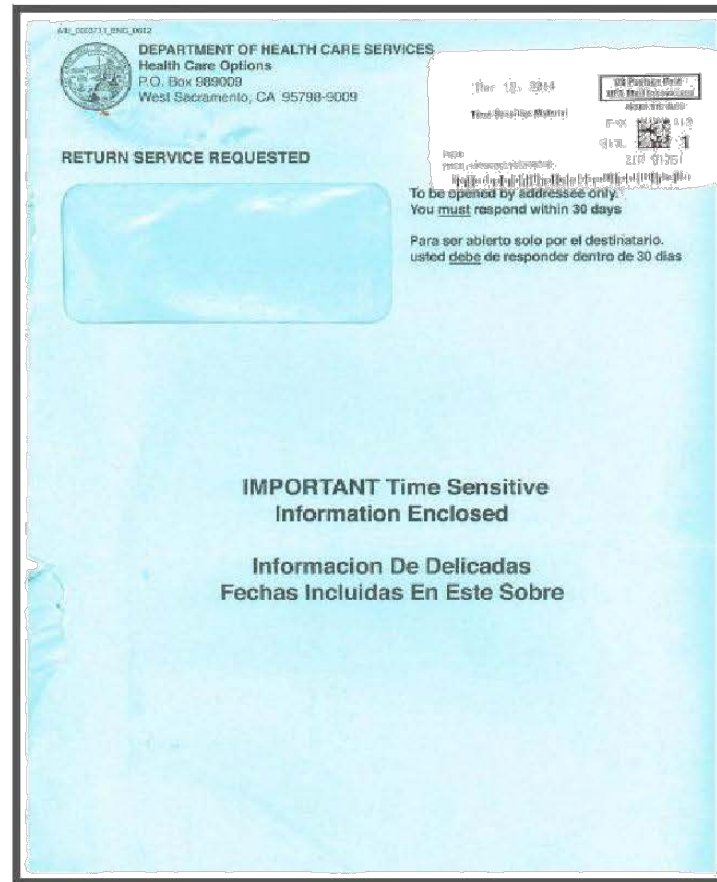
If you have Medi-Cal only, you should check with your Medi-Cal plan to determine if your providers work with the plan.

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When to Expect Notices

-  Most beneficiaries will receive notices **90, 60, and 30 days** prior to their coverage date.
- Beneficiaries in Medi-Cal managed care who are NOT eligible for Cal MediConnect will receive **one notice** prior to the change in their benefit package as MLTSS is added to their existing plan.
- Cal MediConnect official information from the state will only arrive in **blue envelopes**.

Look for the Blue Envelope



Timeline Specifics

- **April 2014** Voluntary enrollment for Health Net and LA Care begins and will last for the duration of the program.
- **July 2014** Passive enrollment into Care 1st, Care More, Health Net, and Molina begins.*
- **January 2015** Passive enrollment into all five plans (Care 1st, Care More, Health Net, LA Care, and Molina) begins.*

*Participation in Care 1st, Care More, Molina and LA Care pending readiness reviews.

Enrollment Timeline

Cal MediConnect "opt in" enrollment begins in Los Angeles in April 2014.

Start Date	Cal MediConnect (Passive enrollment)				MLTSS (Mandatory enrollment)								
	Full Duals Only				Full Duals in Med-Cal FFS ²			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)	Medicare FFS and Medi-Cal FFS (enrolled by birth month) ²	MSSP Benes eligible for Cal Medi-Connect (enrolled in one month)	MA plan / Part D LIS Benes (enrolled in one month)	Opt out of CMC and in Medi-Cal FFS (enrolled by birth month)*	Excluded from CMC (ESRD, Kaiser, 1915c waiver) and in Medi-Cal FFS (enrolled by birth month)*	Full Duals in MA plans or LIS reassignees in Medi-Cal FFS (enrolled in one month)	Full Duals in Medi-Cal managed care plan (benefit added in one month) ¹	Excluded from CMC (ESRD, Kaiser, 1915c waiver) and in Medi-Cal Managed Care (benefit added in one month) ¹	MA benes or LIS reassignees in Medi-Cal Managed Care (benefit added in one month) ¹	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								Los Angeles	Los Angeles	Los Angeles			
7/14	Los Angeles	Los Angeles			Los Angeles							Los Angeles	
8/14			Los Angeles			Los Angeles					Los Angeles		Los Angeles
1/15				All Eight Counties			All Eight Counties						

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

Consumer Protections

The law establishing the CCI contains many protections, including:

- **Meaningful information of Beneficiary Rights and Choices**
 - Notices sent 90, 60, and 30 days prior to enrollment.
- **Self-Directed Care**
 - People will have the choice to self-direct their care, including being able to hire, fire, and manage their IHSS workers.
- **Appeal & Grievances**
 - People will receive full Medicare and Medi-Cal appeals and grievances. There is a special Ombudsman program for Cal MediConnect.
- **Strong Oversight & Monitoring**
 - Evaluation coordinated with DHCS and CMS.
- **Continuity of Care**
 - People can continue to see their Medi-Cal providers for 12 months and their Medicare providers for six months.

Consumer Protections: Who To Call for Beneficiaries

- If a beneficiary has a complaint, the first point of contact should be the plan. Plans will have internal appeals and grievance procedures.
- If a beneficiary cannot resolve their complaint with the plan, there are several options:

Cal MediConnect Ombudsman Program	(855) 501-3077
Medi-Cal Managed Care Ombudsman	(888) 452-8609
Office of the Patient Advocate	(866) 466-8900

Cal MediConnect Ombudsman Program

- Assist enrollees filing appeals and complaints where needed
- Investigate, negotiate and resolve enrollee problems/complaints with Cal MediConnect plans
- Refer enrollees to relevant entities and programs as needed

(855) 501-3077

Who to Call

- Cal MediConnect Plans
 - LA Care 1-855-522-1298
 - Care More Cal MediConnect Plan 1-888-350-3447
 - Care 1st Cal MediConnect Plan 1-855-905-3825
 - Health Net Cal MediConnect 1-888-788-5395
 - Molina Dual Options 1-855-665-4627
- Enrollment and additional support
 - Health Care Options 1-844-580-7272

Summary – CCI Key Points

- CCI is designed to help patients get the care and support services they need.
- Cal MediConnect can offer beneficiaries and providers additional support and resources, including care coordination and administrative simplification.
- Strong consumer protections, including continuity of care.
- Contact plans in your county for questions.

www.calduals.org

 Keeping you informed about Medicare/Medi-Cal integration

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[Home » Los Angeles County](#)

Los Angeles County

Cal MediConnect Health Plans:
These are special health plans that cover nearly all Medicare and Medi-Cal benefits plus vision care and non-emergency transportation benefits. This means you can call one place for help with all of your health care needs. In a Cal MediConnect plan, you keep all the benefits and services you get today, but you must use doctors and providers who work with this health plan or are "in the network."

The telephone numbers below are for new members:

- **L.A. Care**
 - 1-888-522-1293 (TTY: 1-888-212-4460)
 - [Provider Directory](#)
- **Care More**
 - 1-888-350-3447 (TTY: 711)
 - [Provider Directory Coming Soon](#)
- **Care 1st Health Plan**
 - 1-855-905-3825 (TTY: 711)
 - [Provider Directory Coming Soon](#)
- **Health Net**
 - 1-888-766-5395 (TTY: 711)
 - [Provider Directory Coming Soon](#)
- **Molina Dual Options**
 - 1-855-665-4627 (TTY: 711)
 - [Provider Directory](#)



[Sign up for Email Updates](#)



Latest Updates

- ▶ [CCI Stakeholder Update & Call](#)
26 Mar 2014
- ▶ [Upcoming Monthly Stakeholder Update Webinars](#)
6 Mar 2014
- ▶ [Re-Release of the Draft Los Angeles County Enrollment Strategy & Upcoming Stakeholder Call](#)
19 Feb 2014

Frequently Asked Questions

- ▶ [Q&A about dual eligibles and their care needs](#)
- ▶ [Q&A about the CCI and Duals Demonstration programs](#)

Additional Resources

- HICAP
 - 213-383-4519
 - Hotline: 1-800-434-0222
- Email info@calduals.org
- Twitter @CalDuals

