

Coordinated Care Initiative

Frequently Asked Questions – for Physicians

What is the Coordinated Care Initiative?

California's Coordinated Care Initiative (CCI) changes the focus and delivery of health care for seniors and people with disabilities. Coordinated care offers participants an easier way to get the right services at the right time in the right setting.

Two main parts of the Coordinated Care Initiative



Medi-Cal Managed Long-Term Services and Supports (MLTSS)

What: Mandatory enrollment into a Medi-Cal health plan for all Medi-Cal benefits, including LTSS and Medicare wraparound benefits.

Who: Nearly all Medi-Cal beneficiaries, including dual eligibles. *You must pick a plan.*

Cal MediConnect (duals demonstration)

What: Optional enrollment into a three-year demonstration program for coordinated Medicare and Medi-Cal benefits through a single organized delivery system.

Who: About 30,000 full benefit dual eligible in Santa Clara County.

Timeline for the CCI (subject to change)

Date	Event
July 2014	All Medi-Cal members are mandatorily enrolled into managed care plans.
October 2014	Dual eligible individuals begin receiving notices about voluntary enrollment into the Cal MediConnect program.
January 2015	Cal MediConnect voluntary coverage begins.

What happens July 2014?

On July 1, 2014 all individuals who have their insurance through Medi-Cal will be enrolled into one of the three managed care plans in Santa Clara County.

What are the goals for the CCI?

- To improve health and quality of life. Help people get the right care at the right time and place.
- Keep people at home longer. Help people stay where they want to be – in their homes and communities.
- Make it simpler. Give people one health plan, one membership card, and one number to call for all Medicare and Medi-Cal services.
- Ensure empowerment and choice for people enrolled in the program.
- Align payment around needs. Streamline how the financing works so that payment for care is centered on the person's needs.

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What is Cal MediConnect?

The federal Centers for Medicare and Medicaid Services (CMS) and the California Department of Health Care Services (DHCS) developed a voluntary, three-year program designed to coordinate medical care, mental health and substance use care, long-term care, home and community based services, and assistance with social services under one plan for people eligible for both Medicare and Medi-Cal (“duals” or “dual eligible”). Individuals who join Cal MediConnect will have access to a care team that will work with them and with their doctors to improve health outcomes and help them remain in their own homes and communities longer.

Who are the Dual Eligible?

Dual Eligible (or Medi-Medis) are people eligible for both Medicare and Medi-Cal. They are low-income seniors and people with disabilities. The State estimates there are around 30,000 dual eligible people in Santa Clara County. About 87% have one or more chronic conditions, and they are three times more likely than others on Medicare to have multiple chronic conditions and long-term care needs.

Which health plans are participating in Cal MediConnect in Santa Clara County?

Anthem, Santa Clara Family Health Plan, and On Lok Lifeways are the health plans participating in Cal MediConnect in Santa Clara County.

What health plan choices will people have?

- Cal MediConnect Plans: Cover both Medicare and Medi-Cal benefits together in one health plan. One card for all benefits. Offered by Santa Clara Family Health Plan and Anthem.
- Program for All-Inclusive Care for the Elderly (PACE) Plans: Cover Medicare and Medi-Cal benefits together for people age 55 and older who need a higher level of care to live at home. Offered by On Lok Lifeways.

- Medi-Cal Plans: Cover only Medi-Cal benefits, such as Long Term Services and Supports, medical equipment and transportation. **Medicare benefits stay separate.** Offered by Santa Clara Family Health Plan and Anthem Blue Cross.

What benefits and services are covered under Cal MediConnect?

Benefits and services include, but are not limited to:

- All Medicare benefits and services, including pharmacy (Parts A, B, and D).
- All Medi-Cal benefits and services.
- MLTSS, including In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), long-term custodial care in nursing facilities, and Multipurpose Senior Services Program (MSSP) services.
- Additional benefits:
 - Vision care.
 - Mental health and substance use programs.
 - Transportation to medical appointments.
 - Assistance accessing social services (e.g. home-delivered meals program).
 - 24-hour nurse advice line for help.

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact one of the participating health plans or read the health plan’s Evidence of Coverage/Member Handbook. Benefits, List of Covered Drugs, pharmacy and provider networks, and/or copayments may change on January 1 of each year.

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What are the enrollment and income eligibility requirements for Cal MediConnect?

Individuals must be entitled to benefits under Medicare Part A and enrolled under Medicare Parts B and D.

They must also be eligible for Medi-Cal, including meeting the Medi-Cal income eligibility requirements. Family income must be no more than 133% of the federal poverty level. For a family of one this currently is \$15,282. For a family of four this currently is \$31,322.

Individuals must also be:

- Residents of Santa Clara County
- Age 21 and older at the time of enrollment;
- Eligible for Medi-Cal Programs, including
 - Individuals enrolled in the Multipurpose Senior Services Program (MSSP).
 - Individuals who meet the share of cost provisions described below:
 - Nursing facility residents with a share of cost,
 - MSSP enrollees with a share of cost, and
 - IHSS recipients who met their share of cost on the first day of the month, in the fifth and fourth months prior to their effective passive enrollment date for Cal MediConnect;
 - Individuals eligible for full Medi-Cal per the spousal impoverishment rule (Section 1924 of the Social Security Act). For those enrollees who are nursing facility level of care, subacute facility level of care, or intermediate care facility level of care and reside or could reside outside of a hospital or

nursing facility, DHCS will make a Medi-Cal eligibility determination “as if” the beneficiary were in a long-term care facility.

Are any people excluded from enrolling in Cal MediConnect?

The following people will be excluded from enrolling in Cal MediConnect in Santa Clara County:

- Individuals under age 21;
- Individuals with other private or public health insurance;
- Individuals receiving services through California’s regional centers or state developmental centers or intermediate care facilities for the developmentally disabled;
- Individuals with a share of cost who do not meet the enrollment criteria;
- Individuals residing in one of the Veterans’ Homes of California;
- Individuals with a diagnosis of end stage renal disease (ESRD) at the time of enrollment.

Individuals enrolled in Cal MediConnect who are subsequently diagnosed with ESRD may choose to disenroll from Cal MediConnect or may choose to stay enrolled.

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How will people enroll in Cal MediConnect?

Eligible individuals will get notices describing their choices no fewer than sixty (60) days prior to the effective date of enrollment, and will have the opportunity to opt out up until the last day of the month prior to the effective date of enrollment. Choices are:

1. Join a Cal MediConnect health plan for integrated Medicare and Medi-Cal services.
2. Join a PACE plan for integrated Medicare and Medi-Cal services, if they're 55 or older and need a high level of care.
3. "Opt out" of Cal MediConnect, but choose a mandatory Medi-Cal health plan.

When no choice is made, enrollment into a Cal MediConnect plan will be conducted using a passive enrollment process. Prior to the effective date of their enrollment, individuals who would be passively enrolled will have the opportunity to make a voluntary choice or to opt out.

Disenrollment from plans and transfers between plans will be allowed on a month-to-month basis any time during the year, and will be effective on the first day of the month following the request to do so.

How does someone make a health plan choice or "opt out"?

- They can mail back a choice form they receive in the mail that says their preferred choice.
- They can call Health Care Options and tell a customer service representative their choice.

What does it mean if someone "opts out"?

If someone who is eligible to participate in Cal MediConnect "opts out," they will remain enrolled in their current Medicare plan or Medicare Fee-For-Service. For their Medi-Cal enrollment, they will need to select a Medi-Cal health plan to access Medi-Cal benefits. They will then receive their Medi-Cal benefits,

including Managed Long-Term Services and Supports (MLTSS), through their health plan. Individuals opting out of Cal MediConnect will **not** receive the additional Cal MediConnect benefits, including coordination of care for Medicare and Medi-Cal services.

Are there any individuals who *may* enroll but who will *not* be passively enrolled?

Yes. The following individuals may be eligible to enroll, but will not be passively enrolled:

- Individuals in one of the following programs may enroll only after they have disenrolled from the program:
 - Individuals enrolled in the following 1915(c) waivers: Nursing Facility/Acute hospital Waiver, HIV/AIDS Waiver, Assisted Living Waiver, and In Home Operations Waiver.
 - Individuals enrolled in Program of All-Inclusive Care for the Elderly (PACE) or the AIDS Healthcare Foundation.
- Individuals enrolled in a Kaiser Medicare Advantage plan.

Why should my patients join Cal MediConnect?

Individuals enrolled in Cal MediConnect will receive enhanced benefits with one health plan responsible for coordinating their medical care, long-term care, mental health and substance use care, and social services needs. Additionally, they will have access to member services representatives via one telephone number for questions and assistance, instead of needing to call two or more organizations.

Why should physicians participate in Cal MediConnect?

Physicians and other health care professionals in a Cal MediConnect network experience consistent financial stability and administrative simplification, receiving regular payments from a

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single payer, with one billing address and one telephone number for questions and assistance.

It is also important to note that both the federal government and State of California are moving toward a coordinated care model for all government-sponsored programs for higher quality of services, support and efficiencies.

Physicians working with a Cal MediConnect health plan are better positioned to continue treating their Medi-Cal and Medicare patients over the long term. Their patients also receive enhanced benefits, one health plan responsible for coordinating all care, and access to member services for questions, support and appointment assistance.

If my patients enroll in Cal MediConnect, what additional work do I have to do?

Your role as a physician does not change, and the service you provide to your patients does not change. What does change is that you will now have assistance from the health plan in coordinating care for a patient enrolled in Cal MediConnect.

Can non-contracted physicians continue to see their patients who enroll in Cal MediConnect?

Continuity of Care for Cal MediConnect members will be available for 6 months (Medicare services) or 12 months (Medi-Cal services) as long as all Continuity of Care guidelines are met.

How does an interested physician participate in Cal MediConnect?

The health plans participating in Cal

MediConnect in Santa Clara County are committed to developing highly qualified provider networks with the appropriate capabilities and experience to serve the dual eligible population. Interested providers should contact Santa Clara Family Health Plan or Anthem.

Can I charge my patients copays and coinsurance under this program?

Physicians are not allowed to collect copays and coinsurance from their patients who have Medi-Cal. The managed care plan that your patient joins will take care of all Medicare and Medi-Cal cross over claims.

What if I do not participate with Medi-Cal and I have my patients opt out of the program for the Medicare benefit?

By law a physician is not allowed to collect copays and coinsurance from their Medicare patients who also have Medi-Cal.

Will updated and additional information be available online?

The three health plans participating in Cal MediConnect in Santa Clara County are committed to providing the most up-to-date information on our websites. Please check the websites for the latest information:

www.scfhp.com

www.anthem.com

www.onlok.org

For more information, please go the State's website:

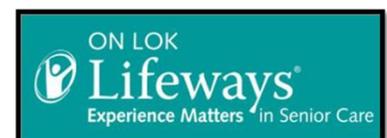
www.calduals.org



1-408-874-1788



1-408-503-7618



1-888-886-6565