



**The Coordinated Care Initiative and
Beneficiaries in NF/AH and IHO Waivers
May 2014**

The Coordinated Care Initiative (CCI) in California promotes integrated delivery of medical, behavioral, and long-term care services, and also provides a road map to integrated Medicare and Medi-Cal services for people on both programs, called “Medi-Medi” or “dual eligible beneficiaries.”

The CCI includes two parts:

Cal MediConnect: All of a beneficiary’s medical, behavioral health, long-term institutional, and home-and community-based services will be combined into a single health plan. This will allow your providers to better coordinate your care and make it simpler for you to get the right care at the right time in the right place. Beneficiaries in NF/AH and IHO waivers would need to disenroll from those programs to join Cal MediConnect.

Managed Medi-Cal Long-Term Services and Supports (MLTSS): Medi-Cal beneficiaries, including dual eligible beneficiaries who have opted out of Cal MediConnect or who are not eligible for Cal MediConnect, are required to join a Medi-Cal managed care health plan to receive their Medi-Cal benefits, including long-term supports and services (LTSS) and Medicare wrap-around benefits. Beneficiaries in the ALW program will need to pick a Medi-Cal plan for their Medi-Cal benefits.



Location

CCI will take place in eight counties: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.

The participating health plans in each county are part of the state’s existing network of Medi-Cal health plans and have experience providing Medicare managed care. Each underwent a rigorous selection process and an extensive readiness review process.

Enrollment Process

Coverage for these beneficiaries will begin no sooner than April 2014. Notification of these changes will be mailed to eligible participants starting 90 days before their scheduled date of coverage, which is typically their month of birth. Beneficiaries don’t need to do anything until they receive that notice. More details about enrollment are available at www.CalDuals.org.

Understanding Enrollment

Optional enrollment in Cal MediConnect Health Plan: The state will use a *passive enrollment* process for dual beneficiaries. This means that the state will enroll eligible

individuals into a health plan that combines their Medicare and Medi-Cal benefits unless the individual actively chooses not to join and notifies the state of their choice to keep their Medicare the way it is now and to choose a Medi-Cal plan for their Medi-Cal benefits. The state will send eligible individuals multiple notices describing their choices, including the option keep their Medicare the way it is now. Beneficiaries enrolled in a NF/AH and IHO waiver will not be passively enrolled into Cal MediConnect.

- Mandatory enrollment into Medi-Cal Health Plan:** Nearly all Medi-Cal beneficiaries, including those in NF/AH and IHO waivers, **MUST** get their Medi-Cal benefits through Medi-Cal health plans. This now includes Medi-Cal beneficiaries with a share of cost and those residing or formerly residing in nursing facilities. They will receive notices describing their plan choices. The state will automatically enroll them in a plan if they do not make a choice. This includes people with both Medicare and Medi-Cal who choose not to join a Cal MediConnect health plan.

Table 1: CCI Enrollment Scenarios for Beneficiaries in NF/AH and IHO Waiver Programs

	Dual Eligible Beneficiary	Medi-Cal Only Beneficiary
NF/AH and IHO Waivers	<ul style="list-style-type: none"> Beneficiary will not be passively enrolled in Cal MediConnect since he or she is already enrolled in the waiver program. Beneficiary is eligible to enroll in Cal MediConnect if he or she voluntarily disenrolls from the waiver program to enroll in Cal MediConnect. Beneficiary may “opt-out” of Cal MediConnect at any time and enroll back into the waiver program, but must still enroll in a Medi-Cal Managed Care plan for Medi-Cal benefits. If beneficiary remains in the waiver program, he or she must elect a Medi-Cal managed care health plan or be auto-enrolled in a Medi-Cal Plan. 	<ul style="list-style-type: none"> Beneficiary must elect a Medi-Cal Health Plan or be auto-enrolled in a Medi-Cal Plan and continue to receive waiver services through his or her waiver provider. If beneficiary is currently enrolled in a Medi-Cal Health Plan, he or she will remain enrolled in the Plan and continue to receive waiver services through his or her waiver provider. Beneficiary may disenroll from one Medi-Cal Health Plan and enroll in a different Medi-Cal Health Plan at any time and continue to receive NF/AH and IHO services through his or her waiver provider.

	<p>(Note: The Health Plan will coordinate services with the beneficiary's waiver provider for Medi-Cal benefits).</p> <ul style="list-style-type: none"> • If beneficiary is on a waiver waiting list, he or she will be passively enrolled into Cal MediConnect and will retain his or her position in the waiting list. <ul style="list-style-type: none"> ➤ While the beneficiary retains their spot on the waitlist and if a space becomes available in the waiver program, then the beneficiary may disenroll from Cal MediConnect at any time and enroll in the waiver program. The beneficiary must still enroll into a Medi-Cal managed care plan. ➤ NF/AH and IHO Care Coordinators will help the newly enrolled beneficiary understand enrollment into Medi-Cal managed care 	
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Common Questions

1. I am in the waiver waiting list for the NF/AH Waiver. Can I enroll into Cal MediConnect and stay in the waiver waiting list for NF/AH?

If you are on a waitlist for the NF/AH Waiver and you have Medicare, you will get notices about Cal MediConnect and you will be passively enrolled if you do not choose a plan or opt out. If you enroll into Cal MediConnect, you will not lose your place on the waiver waitlist. When your name comes up on the waitlist and you want the waiver services, you will have to disenroll from Cal MediConnect and go back to regular Medicare. You will still need to be enrolled in a Medi-Cal managed care plan for your Medi-Cal benefits. Please note you cannot be enrolled in both the Waiver and the Cal MediConnect health plan. You must be enrolled in Medi-Cal managed care if you enroll in the waiver.

2. I am receiving the NF/AH waiver services. Can I voluntarily enroll in Cal Medi-Connect?

No one currently enrolled in the NF/AH waiver programs may enroll in Cal MediConnect. However, you may voluntarily **disenroll** from your waiver program and then enroll in Cal MediConnect if you meet eligibility criteria.

3. What type of services will I receive from Cal MediConnect?

Cal MediConnect plans will provide all needed Medicare and Medi-Cal services, as well as care coordination and other supplemental services. This includes:

- Medicare Part A (hospital coverage) and Part B (outpatient coverage)
- Medicare Part D (prescription drug coverage)
- Care Plan Option (CPO) services (optional HCBS services)
- All required Medi-Cal services, including:
 - Managed Medi-Cal Long-Term Supports and Services (MLTSS)
 - Includes In-Home Supportive Services (IHSS), Community-Based Adult Service (CBAS), Long-Term Care nursing facility services and Multipurpose Senior Services Program (MSSP)
 - Preventative, restorative and emergency vision benefits
 - Non-emergency, accessible medical transportation
 - Care Coordination
 - Coordination with behavioral health and substance abuse services
- Supplemental Services – vision and transportation

For more information, contact one of the participating health plans or read the health plan's Evidence of Coverage/Member Handbook in your county.

4. I am in the NF/AH Waiver Program but I would like to enroll into Cal MediConnect. How do I enroll?

You must first disenroll from the NF/AH Waiver program before you can enroll in Cal MediConnect. **You cannot be in both a waiver program and in Cal MediConnect.** In addition, you must be eligible for or should already be receiving full Medicare and Medi-Cal benefits and reside in the 8 CCI counties to be enrolled into Cal MediConnect.

If you enroll, you will no longer receive services under the waiver program but through Cal MediConnect. Cal MediConnect will provide some of the services that are similar to the waiver program. You have the option to opt-out of Cal MediConnect and enroll back into the NF/AH Waiver program within 12 months from the date you disenroll from Cal MediConnect.

For more information, please contact the **Health Insurance Counseling and Advocacy Program (HICAP)** at 1-800-434-0222. A representative at your local HICAP can assist you with the enrollment process and help you understand your options. HICAP also provides workshops on Medicare issues, including Cal MediConnect, and individual counseling to assist

in understanding your options.

Health Care Options (HCO) staff is also available to discuss and guide you with your new options and Medi-Cal changes by calling 1-844-580-7272.

5. I am currently receiving Waiver Personal Care Service (WCPS), will I be able to keep my WCPS benefits if I enroll into Cal MediConnect and Medi-Cal managed care?

No, you must disenroll from the Waiver Personal Care Services (WCPS) program before you can enroll into Cal MediConnect.

6. What if I'm in a NF/AH or IHO waiver and receive a letter saying I will be enrolled in Cal MediConnect?

Individuals who are in a NF/AH or IHO waiver should not have received notices about Cal MediConnect.

- The state is taking steps to automatically disenroll these beneficiaries from Cal MediConnect so they can keep their waiver services
- The beneficiary or their representative should call Health Care Options at 1-844-580-7272 if they want confirmation that they have been disenrolled.
- The beneficiaries will not lose their place in an HCBS waiver program. If they join Cal MediConnect and then decide to go back into the waiver, they will still have a place.

7. What if I'm seeing a specialist that is not in any of the managed care health plan provider network?

If you enroll in a Cal MediConnect plan and your current provider is not part of the health plan network, you have the right to continue to see your provider for a certain amount of time if you can show an existing relationship with the provider, with some exceptions. You will need to contact your plan to let them know that you would like to continue to see your current provider as part of your continuity of care rights. The health plan and your provider will then need to agree upon payment terms.

For Medicare: If you join a Cal-MediConnect plan, you can continue to receive services from out-of-network Medicare doctors for up to **6 months**. You must have an existing relationship with the provider, and they must agree to payment from the health plan based on the current Medicare fee schedule.

For Medi-Cal: Health Plans will be required to provide you access to out-of-network doctors for up to **12 months**. Cal MediConnect residents in nursing homes will not have to change nursing homes even if their nursing home is not in the health plan's contracted network. Other long-term services and support providers, such as your In-home Supportive Services provider, will not change.

After the 6 or 12 months, if your provider does not join the health plan network, you will need to choose a provider within the health plan's network.

This applies to primary care and specialist providers, not to providers of ancillary services such as durable medical equipment (DME) and transportation.

For more information regarding Continuity of Care, please visit the CalDuals website at http://www.calduals.org/wp-content/uploads/2014/02/ContinuityofCare_012914.pdf.