CALIFORNIA HEALTH ADVOCATES

Low Income Assistance: Cal MediConnect

What is Cal MediConnect?

California is one of 12 states that has signed a Memorandum of Understanding (MoU) to participate in State Demonstrations to Integrate Care for Dual Eligible Individuals. The MoU is with the Centers for Medicare & Medicaid Services (CMS), the federal agency that administers Medicare and Medicaid. The purpose of these State Demonstrations is to integrate Medicare and Medicaid benefits for people eligible for both programs, who are commonly called dual eligibles or "duals" for short, or "Medi-Medis." Medicare and Medicaid (called Medi-Cal in California) were designed for different populations, with no coordination for people who might qualify for both programs. For too long, Medicare and Medicaid operated as separate programs resulting in fragmented care as well as higher spending.

The State Demonstrations, an initiative of the Affordable Care Act (ACA), aim to coordinate care for duals, with the goals of better care for patients, better health for communities, and lower costs.

Cal MediConnect is the name of California's Demonstration. Cal MediConnect is a major component of the Coordinated Care Initiative (CCI), which aims to integrate and coordinate the delivery of health, behavioral and long-term care (LTC) services for duals, seniors and people with disabilities who have Medi-Cal only. Besides Cal MediConnect, other components of the CCI consist of mandating enrollment of duals into Medi-Cal managed care, and integrating long-term services and supports into managed care. Long-term services and supports (LTSS) include In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS formerly Adult Day Health Care or ADHC), care coordination such as provided by a Multipurpose Senior Services Program (MSSP), and nursing home care.

CCI is implemented in seven counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara. California's Department of Health Care Services (DHCS) is the lead agency responsible for Cal MediConnect in collaboration with other state agencies.

What is a Cal MediConnect plan?
In line with the purpose of the Demonstrations, a Cal MediConnect plan integrates Medicare and Medi-Cal benefits. A dual who chooses a Cal MediConnect plan receives his or her Medicare and Medi-Cal benefits from one plan, such as hospital, medical and prescription drug benefits (Medicare Parts A, B and D benefits), In-Home Supportive Services (IHSS), Community Based Adult Services (CBAS), care coordination, and nursing home care. In addition, the Cal MediConnect plan covers vision benefits and non-emergency medical transportation. A Cal MediConnect plan may offer optional services that are similar but additional to long-term care services the plan is required to provide. The goal of providing these additional services, referred to as Care Plan Option services (CPO), would be to help the individual stay safely in the home or community and prevent hospitalization. Examples of these services include nutritional supplements, home delivered meals, and home maintenance.

When does Cal MediConnect start?
California has been planning and developing Cal MediConnect since 2011. There are different start dates for different counties.

April 1, 2014	May 1, 2014
San Mateo	Riverside
	San Bernardino
	San Diego
July 1, 2014	
Los Angeles	
January 2015	August 2015
Santa Clara	Orange

Specifically, the start date is the earliest that a dual can be passively enrolled into a Cal MediConnect plan. Passive enrollment means the state can enroll a dual into a plan if the dual has not made a choice. Not all duals will be passively enrolled on that date; in general, people can be enrolled in their birth month. For example, a dual whose birthday is in September can be passively enrolled on September 1, 2014. Thus, all eligible duals can be enrolled over a 12-month period with the following exceptions:

- In San Mateo, all duals eligible for Cal MediConnect (including those in an MSSP) and not exempt from passive enrollment were enrolled in April 2014.
- In other counties, duals already enrolled in a Medi-Cal managed care plan are passively enrolled in one month on the start date for their county.
- In other counties, duals in an MSSP are passively enrolled in one month on the start date for their county.
- Duals reassigned to a Part D plan in 2014 or 2015 will be enrolled in one month as follows: Los Angeles, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara in January 2015; Orange in January 2016.

Who is Eligible for Cal MediConnect?

Not all duals are eligible for Cal MediConnect. Below are 2 lists: duals who are eligible and those who are not.

Duals must meet criteria below to be eligible for Cal MediConnect	**Duals NOT eligible for Cal MediConnect**
Age 21 years or older	Younger than 21 years
Eligible for Medicare Parts A, B and D	Eligible for Part A only or Part B only
No end-stage renal disease (exceptions in Orange and San Mateo counties)	ESRD patient (but eligible in Orange and San Mateo counties)
Have full Medi-Cal benefits or Have Medi-Cal with a share-of-cost (SoC) that is routinely met and • Nursing facility resident or • MSSP enrollee or • IHSS recipient who met SoC the 4th and 5th months prior to the passive enrollment date.	Do not routinely meet Medi-Cal share-of-cost (SoC) (See sidebar for more Medi-Cal SoC information)
	Have Qualified Medicare Beneficiary (QMB) only or Specified Low-Income Medicare Beneficiary (SLMB) only and no other Medi-Cal benefits
	Have other insurance (e.g. Medigap or VA Health benefits)
	Reside in one of the Veterans' Homes of CA
	Reside in certain rural zip codes in Los Angeles, Riverside or San Bernardino county
	Receive services through a developmental center for care facility for developmentally disabled

Not all duals who are eligible for Cal MediConnect can be passively enrolled by the state. Below is a list of duals eligible for Cal MediConnect but who cannot be passively enrolled. These duals may voluntarily enroll in a Cal MediConnect plan, but they have to disenroll from their current plan or program. Many of these duals will receive notices about enrolling in a Medi-Cal managed care plan to receive Medi-Cal benefits.

- Enrolled in a Program for All-inclusive Care for the Elderly (PACE)
- Enrolled in AIDS Health Care Foundation
- Enrolled in one of the following 1915(c) Home and Community-Based waiver program
  - Nursing Facility/Acute Hospital waiver
  - Assisted Living waiver
  - In-Home Operations waiver
  - HIV/AIDS waiver
- Enrolled in a Medicare Advantage plan, including a Special Needs Plan for dual eligibles (D-SNP), as of December 31, 2014
- Enrolled in a Kaiser health plan

Reside in certain rural zip codes in San Bernardino county

Medi-Cal Share-of-Cost (SoC)

Some people have full Medi-Cal benefits because they lowered their countable income by paying for health insurance premiums. Otherwise, they would have to meet a SoC each month to get Medi-Cal coverage. People who lowered their countable income by buying a Medigap policy are not eligible for Cal MediConnect. People who lowered their countable income by buying dental coverage **are** eligible for Cal MediConnect. People who lowered their countable income by enrolling in a MA plan as of December 31, 2014 are eligible for Cal MediConnect but will not be passively enrolled.

Notices and Choice Form

The state DHCS* sends three notices informing eligible duals about Cal MediConnect. The first notice, sent 90 days before a dual's passive enrollment date, alerts the person about the upcoming change and the choices. The second notice is mailed 60 days before the passive enrollment date followed by a package that includes a Health Plan Guidebook, a provider directory, and a Choice Form. (*In San Mateo and Orange, the Cal MediConnect plan sends these notices.)

The third and final notice, sent 30 days before the passive enrollment date, informs the recipient s/he will be passively enrolled into a Cal MediConnect plan and the effective date unless s/he takes action. After the enrollment date, the dual may disenroll from the Cal MediConnect plan at anytime and enroll in another Cal MediConnect plan (if available) or opt-out for Original Medicare, or an MA (but not D-SNP) or PACE plan (if available).

What Are My Options? Can I Opt Out?

As a dual eligible for Cal MediConnect, you may voluntarily enroll in a Cal MediConnect plan or opt out of Cal MediConnect. If you voluntarily enroll or are passively enrolled in a Cal MediConnect plan, you may disenroll at anytime and enroll in another Cal MediConnect plan (if available).

If you opt out of Cal MediConnect, you have the following choices:

1. **Original Medicare + Medicare Part D + Medi-Cal managed care plan**

If you opt out of Cal MediConnect and choose Original Medicare, you must still enroll in a Medi-Cal managed care plan to receive Medi-Cal benefits, such as In-Home Supportive Services (IHSS), payment of Medicare deductibles and coinsurance, Community Based Adult Services (CBAS), care coordination and nursing home care. (Please note the same organizations offer both Medi-Cal managed care plans and Cal MediConnect plans - see sidebar.) Since Original Medicare is fee-for-service, you can go to any doctor who accepts Medicare. Medicare pays the doctor 80% of the Medicare-approved amount and the Medi-Cal managed care plan

pays up to 20% coinsurance. You also need a Medicare Part D plan for outpatient prescription drug coverage. If you already have a Medicare Part D plan, you can keep it. If you do not yet have a Medicare Part D plan, you can enroll in one, using your ongoing Special Election Period.

2. Medicare Advantage Plan + Medi-Cal managed care plan

If you opt out of Cal MediConnect and choose an MA plan (but not a D-SNP), you must still enroll in a Medi-Cal managed care plan to receive Medi-Cal benefits, such as In-Home Supportive Services (IHSS), Community Based Adult Services (CBAS), care coordination and nursing home care. (As noted earlier, if you are enrolled in an MA plan as of December 31, 2014, you will not be passively enrolled into a Cal MediConnect plan.)

The Medicare Advantage (not D-SNP) will provide Medicare benefits and Medi-Cal managed care plan Medi-Cal benefits including payment for Medicare deductibles and copayments or coinsurance (up to the Medi-Cal rate) and LTSS.

If you choose to be in a MA plan (such as an HMO or PPO) that has a premium, you are responsible to pay the premium and cost-sharing.

In general, duals in a D-SNP must be in a matching Medi-Cal health plan. With Cal MediConnect, the matching no longer applies; if you are in a D-SNP, you may join any Medi-Cal health plan available in your county.

3. Program for All-inclusive Care for the Elderly (PACE) plan

The Program for All-inclusive Care for the Elderly (PACE) provides comprehensive medical, social and long-term care services to individuals who would otherwise reside in a nursing facility. There are PACE plans in six of the CCI counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego and Santa Clara.

To be eligible for PACE, you must

- reside in the county and zip code served by the PACE plan (see http://www.dhcs.ca.gov/individuals/Pages/PACEPlans.aspx);
- be 55 years or older;
- be able to live safely in the community; and
- be determined by the PACE plan's interdisciplinary team and certified by DHCS to need a nursing home level of care.

Beneficiaries in a PACE plan need not enroll in a Medi-Cal health plan. The PACE plan provides Medicare and Medi-Cal services as well as other services to help the enrollee live safely in the community.

If you initially opt out for Original Medicare, an MA/D-SNP or a PACE plan, you may later enroll in a Cal MediConnect plan.

What's the difference: Cal MediConnect vs. D-SNP vs. Medi-Cal managed care plan?

Most of the organizations offering Cal MediConnect plans also administer Medi-Cal managed care plans and offer D-SNPs. Although the benefits overlap, they are different in each plan because the plans are under different contracts. An MA organization offering a D-SNP has a contract with Medicare which requires it to contract with the state DHCS to offer Medi-Cal services as supplemental benefits. A Cal MediConnect plan is in a 3-way contract with Medicare and the state DHCS to provide Medicare and Medi-Cal services, including long-term services. A Medi-Cal managed care plan is in a contract with the state DHCS to pay Medicare cost-sharing (deductibles and up to 20% coinsurance) and provide Medi-Cal services, including long-term services, for duals. Thus an organization that administers all 3 plans will provide different benefits depending on which plan the dual is in.

What Should I Consider in Deciding?

1. **Providers and suppliers**
   a. Do you have doctors you want to keep? Are they in the Cal MediConnect plan's network? You can find out if your doctor is in the plan's network by asking your doctor, or by calling the Cal MediConnect plan to ask if your doctors are in the network. If you choose a plan or are passively enrolled, and later find out that your doctor is not in the plan's network, you may ask to continue to see that doctor for a period of time. (See next page on Continuity of Care.)

   b. If you are receiving IHSS or in CBAS or MSSP, you may continue with the same providers even if they are not in the Cal MediConnect plan's network. If you are in a nursing home, you may stay in the same nursing facility even if it is not contracted with the Cal MediConnect plan. (See sidebar on Continuity of Care.)

   • If you regularly get necessary medical supplies or equipment from a certain supplier, find out if the supplier is in the Cal MediConnect plan's network. If the supplier is not in the plan's network, you will have to change suppliers if you join the Cal MediConnect plan.

2. **Medications**
   You can find out if your medications are covered by the Cal MediConnect plan on the Medicare Plan Finder at www.medicare.gov. Cal MediConnect plans must follow the same rules as other Medicare Part D plans. If you are taking a drug that is not covered by the Cal MediConnect plan, you may request an exception (as you would with other Medicare Part D plans). In addition, you may want to find out if the pharmacy you use is in the plan's network, and if network pharmacies are conveniently located.

3. **Care coordination**
   As its name suggests, the Coordinated Care Initiative has care coordination as a goal. Care coordination can be defined as activities or services that help an individual improve his/her functional capacity and quality of life, and stay in the home or community. Care coordination activities can include assessing an individual's needs; identifying needed medical, social and long-term care services; contacting the appropriate service providers; setting up a schedule; making appointments; and managing the exchange of information among different providers. The level of care coordination depends on an individual's needs. For example, a person who returns home after surgery would need care coordination to arrange for therapy services, meal delivery, and transportation to follow-up appointments. Cal MediConnect plans are required to coordinate care for their members.

Continuity of Care

If you are in a Cal MediConnect plan but the doctor who treats you is not in the plan's network, you may continue seeing that doctor for a limited time. If the doctor provides Medicare services, you may ask the Cal MediConnect plan to see that doctor for up to 6 months. If the doctor provides Medi-Cal services, you may ask the plan to see that doctor for up to 12 months. Your request may be granted if, prior to joining the Cal MediConnect plan, you saw the doctor at least once if the doctor is a primary care physician, and at least twice if the doctor is a specialist. In addition, there must not be any quality of care concerns regarding the doctor and the doctor must be willing to accept payment from the Cal MediConnect plan.

You may continue with the same IHSS, CBAS and MSSP providers even if there is no contract between the provider and your Cal MediConnect plan. If you reside in a nursing facility before joining a Cal MediConnect plan, you may stay in that facility if the facility is licensed by the California Department of Public Health, meets acceptable quality standards, and agrees to Medi-Cal payment rates. In other words, the facility does not have to be in the plan's network in order for you to continue to stay there.

However, if you have been getting durable medical equipment (e.g. wheelchairs, walkers) from a supplier or transportation services provider who is not contracted with the Cal MediConnect plan, you will have to change to a network supplier or provider.

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This fact sheet contains general information and should not be relied upon to make individual decisions. If you would like to discuss your specific situation, call the Health Insurance Counseling and Advocacy Program (HICAP) at **1-800-434-0222**. HICAP provides objective information and counseling at no charge (free). HICAP can help you understand the different notices and your rights, compare your options, and find out if your medications are covered by the Cal MediConnect plan.

Note: Online access to all CHA fact sheets on Medicare and related topics is available for an annual subscription. See cahealthadvocates.org/fact-sheets/.

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