

May 13, 2014

Coordinated Care Initiative (CCI) Advanced: Enrollment Timelines & Notices

Amber Cutler, Staff Attorney
National Senior Citizens Law Center

The National Senior Citizens Law Center is a non-profit organization whose principal mission is to protect the rights of low-income older adults. Through advocacy, litigation, and the education and counseling of local advocates, we seek to ensure the health and economic security of those with limited income and resources, and access to the courts for all. For more information, visit our Web site at www.NSCLC.org.

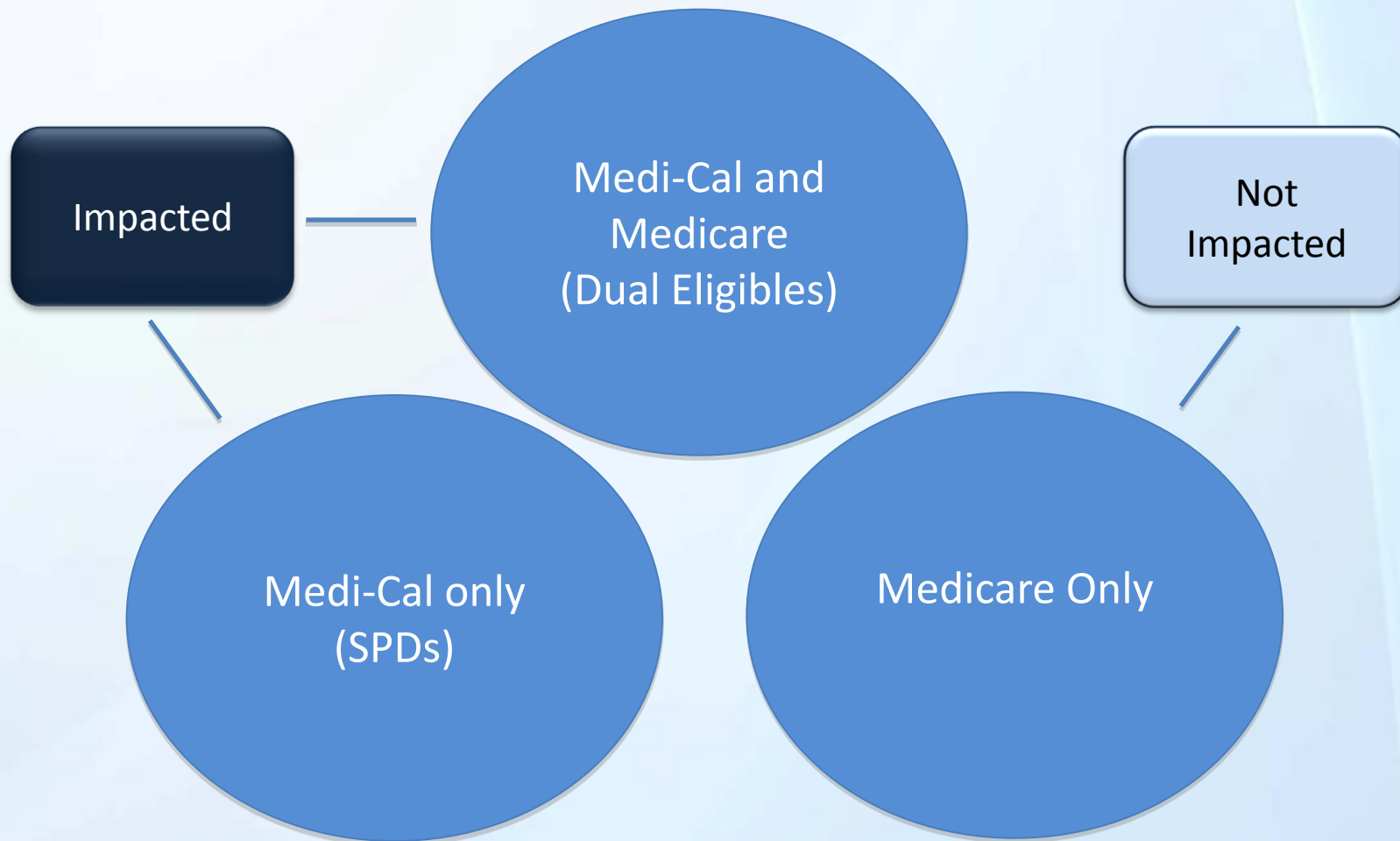
Glossary

- Coordinated Care Initiative (CCI)
 - Cal MediConnect
- Dual Eligible (Dual) ←
- Duals-Special Needs Plan (D-SNP) ←
- Fee-for-Service (FFS)
- Long Term Services and Supports (LTSS) ←
 - In-Home Supportive Services (IHSS), Community Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), Nursing Facility
- Medi-Cal Managed Care
- Program of All-Inclusive Care for the Elderly (PACE)
- Seniors and Persons with Disabilities (SPDs) ←

CCI = three big changes

CCI Change	Description	Federal Approval
Mandatory Medi-Cal Managed Care	Duals and previously excluded SPDs must enroll in Medi-Cal Managed Care	Approved
LTSS Integration	LTSS added to Medi-Cal Managed Care plan benefit package	Approved
Medicare Integration (Cal MediConnect)	For duals, integration of Medicare and Medi-Cal benefits into one managed care plan.	Approved

CCI impacts duals & seniors and persons with disabilities with Medi-Cal



Who

SPDS who remain exempt from managed care

No notices (e.g. VA residents, ICF/DD residents; other pvt insurance)

SPDs already in managed care

LTSS added to the benefit package

Duals Eligible for Cal MediConnect

Subject to Passive Enrollment (MOST)

Not subject to passive enrollment (e.g. in waivers, Kaiser)

No CalMediconnect notices; most will still have to choose a Medi-Cal plan

Duals Excluded from Cal MediConnect

No Cal MediConnect Notices (e.g. ESRD, regional center clients)

No Cal MediConnect notices; most will still have to choose a Medi-Cal plan

Total Impact: 1,206,000

County	Duals Subject to Passive Enrollment in Cal MediConnect	Medi-Cal MC Only
Alameda	32,533	48,000
Los Angeles	288,399 (200,000 cap)	317,000
<i>Orange*</i>	<i>65,537</i>	<i>51,000</i>
Riverside	40,040	46,000
San Bernardino	41,930	54,000
San Diego	55,798	64,000
San Mateo	12,371	14,000
Santa Clara	37,739	38,000
Totals	574,347 (485,948 with cap)	632,000

Transition Overall Timeline

Transition	Transition Start Date
LTSS Added to Benefit Package	April 1
Cal MediConnect	April 1
Medi-Cal Managed Care Only	August 1

Duals and SPDs Already in Managed Care

Notice Type: Notice from health plan explaining that plan is responsible for LTSS benefit. An addendum to the Evidence of Coverage will also be sent from the plan.

Date	Notice Date	Population	Counties
April 1, 2014	March 1, 2014	Duals	Los Angeles, Riverside, San Bernardino, San Diego San Mateo
July 1, 2014	May 15, 2014	Duals	Santa Clara
		SPDs	Los Angeles, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara
January 1, 2015	Nov 15, 2014	Duals and SPDs	Alameda and Orange

MLTSS Added to Plan Notice



Date

Important Information

The way you get Medi-Cal services is changing. You are getting this letter because you will get your Medi-Cal Long Term Services and Supports (LTSS) from L.A. Care starting on April 1, 2014.

The reason for this change is to help your benefits and services work better together.

Please read this notice carefully. This notice is for your information only. You do not need to do anything.

What are Long Term Services and Supports and what is the role of the Medi-Cal health plan?

Your Medi-Cal health plan will cover the following 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 providers. There will be no change in how your provider is paid.
- Community-Based Adult Services (CBAS)** is daytime health care at centers that provide nursing, therapy, activities and meals for people with certain chronic health conditions. If you get CBAS, nothing will change.
- Multipurpose Senior Services Program (MSSP)** provides social and health care coordination services for people age 65 and older. If you currently get MSSP, you do not have to change your MSSP provider.
- Nursing home care:** If you get care in a nursing home, your health plan will work with your doctor and nursing home to better coordinate your care. If you are currently in a nursing home, you do not have to change your nursing home.

What if I am already getting Long Term Services and Supports?

If you are already getting one or more of these services, you do not need to do anything. You will still get these services as you do today. This notice is for your information only.

What if I am not getting Long Term Services and Supports?

Should you ever qualify for any Long Term Services and Supports, they will be covered by your Medi-Cal health plan.

How does this help me?

This change helps your Medi-Cal health plan to better coordinate your medical and Long Term Services and Supports together.

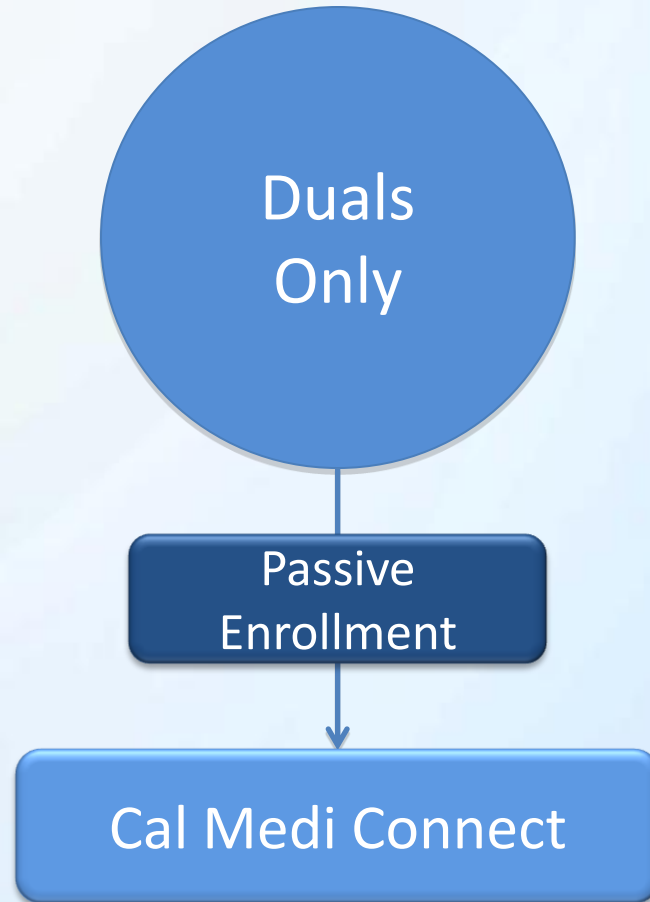
For help or more information

- If you have questions about IHSS, call your IHSS social worker at the county social services office. They know about this change and can help you.
- If you have questions about this notice or your services, call your Medi-Cal health plan.

L.A. Care and our professional after-hours staff are available when you need us - 24 hours a day, 7 days a week. Just call 1-888-839-9909.

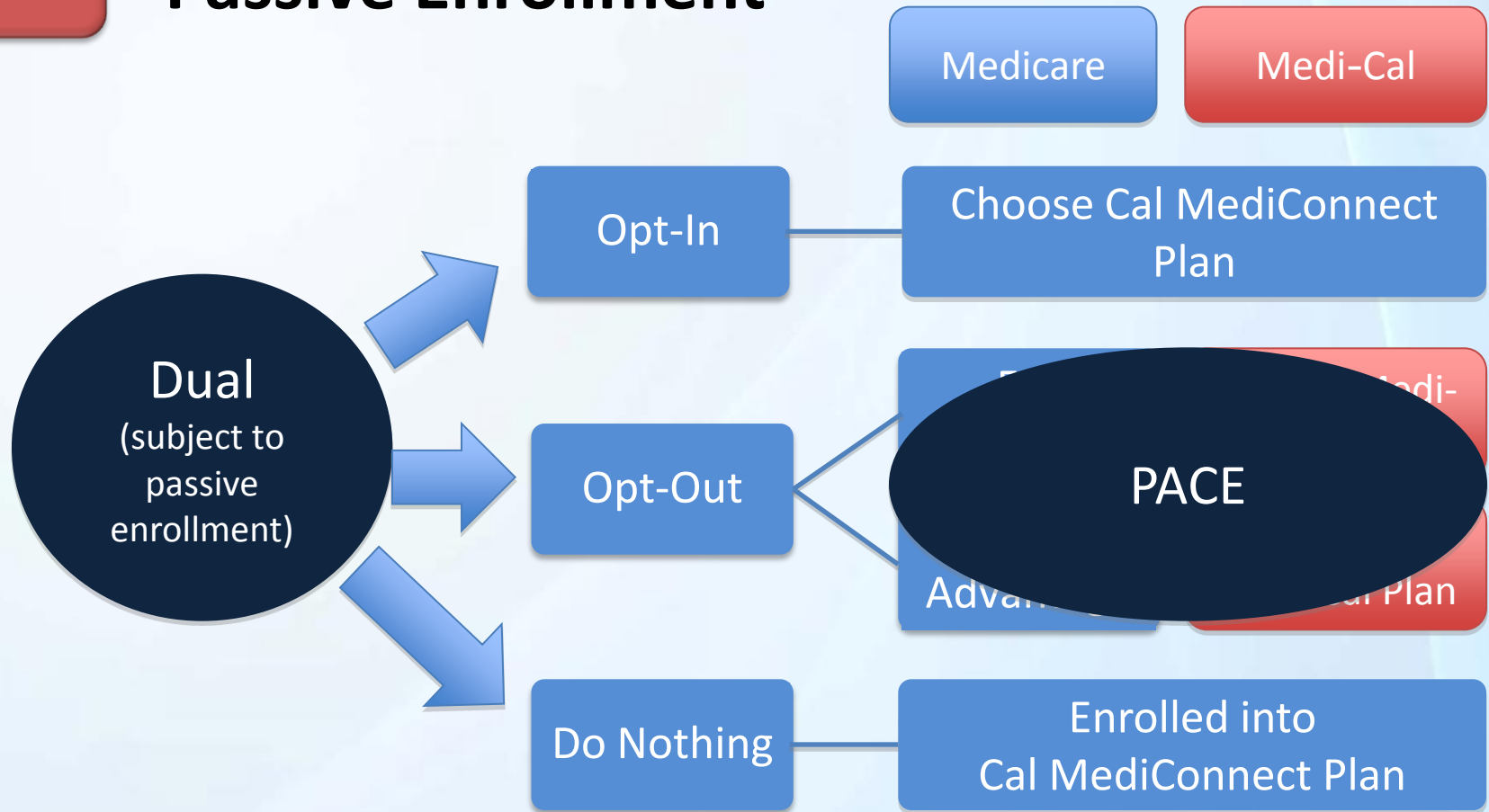
Cal MediConnect: Only Duals Can Enroll

What



What

Passive Enrollment



Duals subject to passive enrollment into Cal MediConnect already in Medi-Cal managed care**

Who

Notice Type: Will receive 90/60/30 day notices explaining their choices. The 60-day notice will be followed by a Guidebook/Choice Booklet and Choice Form

Date	Notice Date	Phasing	Counties
April 1, 2014	Started in January	In one month	San Mateo
May 1, 2014	Started in January and February	In one month	Riverside, San Bernardino, San Diego
July 1, 2014	April Start	In one month	Los Angeles
January 1, 2015	October Start	In one month	Alameda, Orange, Santa Clara

** Does not include duals in Medicare Advantage Plans, Reassigned to Part D plans, or enrolled in MSSP

Duals subject to passive enrollment into Cal MediConnect NOT in Medi-Cal managed care**

Who

Notice Type: Will receive 90/60/30 day notices explaining their choices. The 60-day notice will be followed by a Guidebook/Choice Booklet and Choice Form

Date	Notice Date	Phasing	Counties
April 1, 2014	Started in January	In one month	San Mateo
May 1, 2014	Started in January and February	By birth month (April & May in May)	Riverside, San Bernardino, San Diego
July 1, 2014	April Start	By birth month	Los Angeles
January 1, 2015	October Start	Unknown	Alameda, Orange, & Santa Clara

** Does not include duals in Medicare Advantage Plans, Reassigned to Part D plans, or enrolled in MSSP

Cal MediConnect: Medicare Advantage and Part D reassignees

Date	Notice Date	Phasing	Counties
January 1, 2015	October Start	In one month	All counties

New Medicare Advantage Policy Proposed

Available at: <http://www.calduals.org/wp-content/uploads/2014/05/Fnal-DSNP-Policy-Proposal-5.1.14.pdf>

90 Day

- Informational Notice

60 Day

- Notice with Default Plan
- Cal MediConnect Guidebook
- Choice Booklet and Choice Form
- Part D disenrollment notice from Part D plan

30 Day


- Final Reminder Notice


In San Mateo, the health plan sends out all notices; in other counties, DHCS/HCO send out the notices


90-Day Cal MediConnect Notice

State of California

Health and Human Services

 **CalMediConnect**
Your choice for complete care



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JOHN SAMPLE
1234 SAMPLE STREET
ADDRESS 2
ANYTOWN CA 90000

XX/XX/XXXX

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 no extra cost but you must use your Cal MediConnect providers. You can also get additional transportation and vision benefits.

What are my plan choices?

You will get 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 in your county, or choose to stay with regular Medicare.



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Your choices are:

- Enroll in a Cal MediConnect plan.** These health plans cover both Medicare and Medi-Cal services. If you join a Cal MediConnect plan you will receive In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and nursing home care through the Cal MediConnect plan. They also cover vision care and transportation. The Cal MediConnect plan will work with you, your doctors and providers to ensure you get the care you need.
- Enroll in the Program of All-Inclusive Care for the Elderly (PACE).** If you are 55 or older and need a higher level of care in order to live at home, you may be able to join PACE. PACE provides all Medicare and Medi-Cal benefits plus some extra services to help seniors who have chronic conditions live at home.
- Enroll in a Medi-Cal health plan only. Your Medicare will stay the way it is now.** If you join a Medi-Cal health plan you keep your Medicare doctors and hospitals, and you will receive your Medi-Cal benefits like In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and nursing home care through the Medi-Cal health plan.

How does a Cal MediConnect plan help me?

A Cal MediConnect plan helps you because your Medicare and Medi-Cal benefits work together and work better for you.

Your doctors, pharmacists, IHSS, CBAS, MSSP, and other providers work together to care for you and coordinates who assists you in getting the care and services that you need. This is called "care coordination."

What should I do now?

- Talk about your choices with someone who knows about your health care needs, like your family, your doctors, or your local senior center and/or Independent Living Center.
- Watch your mail for a packet from Health Care Options in about one month.
- If you want to talk to a health insurance counselor about your choices, call the **California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222.**
- If you need this letter in another language or alternate format, like large print, audio, or Braille; or if you need help understanding this letter, please call:

Health Care Options
1-844-580-7272 • TTY: 1-800-430-7077
Monday - Friday, 8 am - 5 pm
www.HealthCareOptions.dhcs.ca.gov

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60-Day Cal MediConnect Notice

State of California Health and Human Services

 **CalMediConnect**
Your choice for complete care 

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JOHN SAMPLE
1234 SAMPLE STREET
ADDRESS 2
ANYTOWN CA 90000

XXXXXXXXXX

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 below. 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 or Medi-Cal benefits without any extra costs.
- Keep all of the services or 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 additional transportation and vision benefits.

How does a Cal MediConnect plan help me?

The change is happening so your Medicare and Medi-Cal benefits work better together and work better for you.

Your choices include:

1. **Enrolling in a Cal MediConnect plan.** Cal MediConnect plans cover both Medicare and Medi-Cal services. If you join a Cal MediConnect plan, you will receive In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and nursing home care through the Cal MediConnect plan. They also cover vision care and transportation. The Cal MediConnect plan will work with your doctors and providers to ensure you get the care you need.
2. **Enrolling in the Program of All-inclusive Care for the Elderly (PACE).** If you are 55 or older and need a higher level of care in order to live at home, you may be able to join PACE. PACE provides all Medicare and Medi-Cal benefits plus some extra services to help seniors who have chronic conditions live at home.
3. **Enrolling in a Medi-Cal health plan.** If you choose to stay with regular Medicare, you will not be assigned to a Cal MediConnect plan, but you must still choose a health plan in order to receive Medi-Cal. Joining a Medi-Cal plan will allow you to keep your Medicare doctors and hospitals and you will not lose any services. You will receive In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and nursing facility care through the plan.

What should I do now?

Review the three choices above and decide which is best for you. Use the Health Plan Guidebook and Choice Book that will come in the mail from Health Care Options to help you. Ask your doctors and other health care providers to see which plans they work with.

You do not need to do anything to join the Cal MediConnect plan below.

If you do not want to enroll in [Health Plan Name,] you can contact Health Care Options to select a different Cal MediConnect plan or to stay in regular Medicare. Contact Health Care Options by

MM/DD/YYYY.

Call Health Care Options at the number below OR by filling out and mailing back the Choice Form with the enclosed envelope. This form is in your Choice Book that will come in the mail from Health Care Options.

For help or more information

If you want to talk to a health insurance counselor about these changes and your options, call the **California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222.**

If you have questions about Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you want to select a different Cal MediConnect plan, stay in regular Medicare, or get this letter in another language or alternate format – like large print, audio, or Braille, please call Health Care Options Monday-Friday 8am-5pm at 1-844-580-7272 or TTY: 1-800-430-7077.

If you need further help, call the **Cal MediConnect Ombudsman** at 1-855-501-3077. This number will be operational starting 4/1/2014.

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Part D Disenrollment Notice

 Cigna
HealthSpring.

PO Box 3187 | Toledo, OH 43607-0187

02/03/2014



Member ID: [REDACTED]

Dear [REDACTED]

This is to confirm your disenrollment from Cigna-HealthSpring Rx (PDP). Beginning April 1, 2014, Cigna-HealthSpring won't cover your prescription drugs.

What should I do now?

If you have already enrolled in another Medicare Prescription Drug Plan (or a Medicare Advantage Plan with prescription drug coverage), you should get confirmation of your enrollment from your new Plan. If you haven't enrolled in another Medicare Plan, you should consider enrolling in one. If you don't enroll in a new Plan at this time, or you don't have or get creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

What If my premium was being deducted from my Social Security/Railroad Retirement Board benefit check?

If your Medicare Part D premium is being deducted from your Social Security/Railroad Retirement Board benefit, please allow up to 3 months for us to process a refund. If you have not received a refund from Social Security/the Railroad Retirement Board within 3 months of this letter, you should contact 1-800-MEDICARE.

When can I make changes to my Medicare coverage?

From October 15 through December 7 each year, you can enroll in a new Medicare Prescription Drug Plan or Medicare Health Plan for the following year. Generally, you may not enroll in a new Plan during other times of the year unless you meet certain special exceptions, such as if you move out of Cigna-HealthSpring's service area, want to join a plan in your area with a 5-star rating, or you qualify for extra help in paying for your prescription drug costs (see below). If you qualify for extra help with your prescription drug costs you may enroll in, or disenroll from, a plan at any time. If you lose this extra help during the year, your opportunity to make a change continues for two months after you are notified that you no longer qualify for extra help.

What is extra help?

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums,

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annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at www.socialsecurity.gov/prescriptionhelp.

Where can I get more information?

For information about the Medicare plans available in your area, call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

If you think you didn't disenroll from Cigna-HealthSpring and you want to stay a member of our plan, please call us right away at 1-800-331-6293 seven days a week, 8 am to 8 pm so we can make sure you stay a member of Cigna-HealthSpring Medicare gives you only 30 days from the date of this letter to contact us. TTY users should call 711.

Thank you.

Cigna-HealthSpring Customer Service

Cigna-HealthSpring

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Cigna-HealthSpring is contracted with Medicare for HMO, PPO and PDP plans and with select State Medicaid programs. Enrollment in Cigna-HealthSpring depends on contract renewal.

This information is available for free in other languages. Please contact our customer service number at 1-800-331-6293 8 a.m. - 8 p.m. CST, 7 days a week, TTY users please call 711. Esta información está disponible de forma gratuita en otros idiomas. Por favor, póngase en contacto con nuestro servicio al cliente a 1-800-331-6293 siete días de la semana, de 8am a 8pm CST, Los usuarios de TTY por favor llame al 711.

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Choice Form

Health Plan Choice Form

California Department of
Health Care Services
P.O. Box 989009
W. Sacramento, CA 95798-9850



For free help filling out this form, call **1-844-580-7272**



Please print all CAPITAL LETTERS. Use a blue or black pen. Fill in the or completely to show your choice.

JOHN SAMPLE

1 First Name, Last Name

1234 SAMPLE STREET SAMPLE CITY

Address, City

9 9 9 9 9

Zip Code

1 2 - 1 4 - 1 1

Date of Birth

() Sex: Male Female If pregnant, due date

(Area Code) Phone Number

Month Day Year

PLEASE READ the Instructions and Guidebook before completing this form.

3 Cal MediConnect Plans:

- 803 Care1st
- 804 CommuniCare Advantage
- 805 Health Net
- 806 Molina Dual Options

5 Medi-Cal Plans:

- 029 Community Hlth Grp Partner
- 068 Health Net Comm Solutions
- 079 KP Cal, LLC
- 131 Molina Healthcare Partner
- 167 Care1st Partner Plan, LLC

4 Health plan doctor or clinic code. (See instructions)

6 If you are changing your health plan, enter your plan change reason code number. (See instructions)

7 PACE Plan:

- 057 St. Paul's PACE

STOP! Read the important information on the back before you sign this form.

I understand that by filling out and signing this form, I am choosing how to get my health care.



Beneficiary's signature

Date

OR

Authorized Representative Signature (if any) Date

Highly Confidential

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Choose a Cal MediConnect Plan: Fill out only Section 3

To "Opt-Out" of Cal MediConnect, fill out number 5 ONLY: Choose the Medi-Cal plan you are already in

To choose PACE, fill out 7 AND EITHER 3 or 5 as a backup

30-Day Cal MediConnect Notice

State of California

Health and Human Services



CalMediConnect
Your choice for complete care



JOHN SAMPLE
1234 SAMPLE STREET
ADDRESS 2
ANYTOWN CA 90000

XX/XX/XXXX

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 or 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."

What are my plan choices?

You have several choices. You can contact Health Care Options at 1-844-580-7272 to make a choice to:

- **Stay in the Cal MediConnect plan we have selected for you.** If you decide that this plan is right for you, you do not need to do anything.
- **Select a different Cal MediConnect plan in your county.** You may review the plans available in your county to see if one of those is better for you.
- **Choose the Program of All-Inclusive Care for the Elderly (PACE).** You may be eligible to join a PACE plan.
- **Keep your Medicare the way it is now.** Even if you choose to stay in regular Medicare, you will still be required to select a Medi-Cal managed care plan to receive your Medi-Cal services.

Contact Health Care Options by MM/DD/YYYY to make a choice.

For help or more information

If you want to talk to a health insurance counselor about these changes and your choices, please call the **California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222.**

If you have questions about Medicare, please call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you want to select a different Cal MediConnect plan, stay in regular Medicare, or get this letter in another language or alternate format – like large print, audio, or Braille, please call Health Care Options Monday-Friday 8am-5pm at 1-844-580-7272 or TTY: 1-800-430-7077.

If you need further help, please call the **Cal MediConnect Ombudsman** at 1-855-501-3077. This number will be operational starting 4/1/2014.

Duals excluded from Cal MediConnect or not subject to passive enrollment and SPDs who must choose a Medi-Cal plan**


Who


Notice Type: Will receive 90/60/30 day notices explaining their choices. The 60-day notice will be followed by a Guidebook/Choice Booklet and Choice Form


Date	Notice Date	Phasing	Counties
August 1, 2014	Start in May	By Birth Month	Los Angeles, Riverside, San Bernardino, San Diego, Santa Clara
January 1, 2015	October start	By Birth Month	Alameda

** Does not include duals in Medicare Advantage Plans, Reassigned to Part D plans, or enrolled in MSSP

90-Day Medi-Cal Managed Care Notice

 State of California — Health and Human Services
Department of Health Care Services
P.O. Box 989009, West Sacramento, CA 95798-9850



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JOHN SAMPLE
1234 SAMPLE STREET
ADDRESS 2
ANYTOWN CA 90000

XX/XX/XXXX

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 just have 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 providers.
- **Community-Based Adult Services (CBAS)** is daytime health care at centers that provide nursing, therapy, activities and meals for people with certain chronic health conditions.

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- **Multipurpose Senior Services Program (MSSP)** provides social and health care coordination services for people age 65 and older. If you get MSSP, your health plan will work with your MSSP providers to better coordinate your care. If you currently get MSSP, you do not have to change your MSSP provider.
- **Nursing home care:** If you get care in a nursing home, your health plan will work with your doctor and nursing home to better coordinate your care. If you are currently in a nursing home, you do not have to change your nursing home.
- If you do not get these services now, your health plan can help you get them in the future, if you need them.

Can I see my Medicare doctors after I enroll in a Medi-Cal health plan?

Yes, if you have Medicare, your Medicare providers will not change.

Can I see my Medi-Cal doctors after I enroll in a Medi-Cal health plan?

If you have Medi-Cal only, you will need to check with your health plan to determine if your providers work with the health plan. Generally, you are able to see your current doctors for 12 months.

Enrolling in a Medi-Cal health plan:

- Does NOT change your Medicare services or benefits.
- Does NOT change your Medi-Cal eligibility or cost you extra.
- Does NOT cut any of your Medi-Cal services or benefits.

When do I need to enroll in a Medi-Cal health plan?

You will be receiving more information about your choices for a Medi-Cal health plan. If you do not make a choice, you will be enrolled in a Medi-Cal health plan starting MM/DD/YYYY.

What should I do now?

- Talk about your choices with someone who knows about your health care needs, like your family, friends, your doctors, or your local Long Term Services and Supports providers.
- Watch your mail for a packet from Health Care Options in about one month.

For help or more information

If you need this letter in another language or alternate format, like large print, audio, or Braille; or if you need help enrolling in a health plan please call:

Health Care Options

1-844-580-7272 • TTY: 1-800-430-7077
Monday - Friday, 8 am - 5 pm
www.HealthCareOptions.dhcs.ca.gov

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60-Day Medi-Cal Managed Care Notice



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 upon 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.

What services will you get from your Medi-Cal health plan?

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

- If you are in Medicare, your Medi-Cal health plan will pay for certain Medicare cost-sharing and other benefits that are not covered by Medicare, such as some transportation, certain medical supplies, and certain prescription drugs.

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 providers.
- **Community-Based Adult Services (CBAS)** is daytime health care at centers that provide nursing, therapy, activities, and meals for people with certain chronic health conditions.
- **Multipurpose Senior Services Program (MSSP)** provides social and health care coordination services for people age 65 and older. If you currently get MSSP, your health plan will work with your MSSP provider to better coordinate your care. You do not have to change your MSSP provider.
- **Nursing home care:** If you get care in a nursing home, your health plan will work with your doctor and nursing home to better coordinate your care. If you are currently in a nursing home, you do not have to change your nursing home.

If you do not get these services now, your Medi-Cal plan can help you get them in the future, if you need them.

When will I be enrolled in a Medi-Cal health plan?

You will be enrolled in a Medi-Cal health plan starting MM/DD/YYYY.

Can I choose a different Medi-Cal health plan?

Yes. You will soon get a packet of health plan information in the mail. Read the materials in this packet. This packet includes:

- A Choice Book that has instructions on how to choose and enroll in a Medi-Cal managed care health plan in your county.
- Provider directories that list the doctors who work with each plan.

What should I do now?

- Share this letter and information with your family or someone who knows about your health care needs.
- Talk to your doctors and other health providers to see which health plans they work with.
- If you have Medicare, please call the **California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222 (TTY 711)**.
- To choose a different health plan, call Health Care Options Monday-Friday 8am-5pm at 1-844-580-7272 or TTY: 1-800-430-7077 by MM/DD/YYYY.

For help or more information

If you have questions about Medicare, please call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you want to select a different Medi-Cal plan, and/or get this letter in another language or alternate format – like large print, audio, or Braille, please call Health Care Options Monday-Friday 8am-5pm at 1-844-580-7272 or TTY: 1-800-430-7077.

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30-Day Medi-Cal Managed Care Notice



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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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 providers.
- **Community-Based Adult Services (CBAS)** is daytime health care at centers that provide nursing, therapy, activities and meals for people with certain chronic health conditions.
- **Multipurpose Senior Services Program (MSSP)** provides social and health care coordination services for people age 65 and older. If you currently get MSSP, your Medi-Cal plan will work with your MSSP provider to better coordinate your care and you do not have to change your MSSP provider.
- **Nursing home care:** If you get care in a nursing home, your health plan will work with your doctor and nursing home to better coordinate your care. If you are currently in a nursing home, you do not have to change your nursing home.

If you do not get these services now, your Medi-Cal plan can help you get them in the future, if you need them.

What are my choices?

- **Stay in the Medi-Cal plan we have selected for you.** If you decide that [Health Plan Name] is right for you, you do not need to do anything. You will be enrolled in a Medi-Cal health plan starting MM/DD/YYYY.
- **Select a different Medi-Cal plan.** You may review the plans available in your county to see if one of those is better for you. We sent you a choice packet that gives you information about the plans you can choose.
 - You can contact Health Care Options at 1-844-580-7272 to make a choice, or fill out, sign, and return the Medi-Cal Health Plan Choice Form by MM/DD/YYYY. If you need another copy of the choice packet, call Health Care Options.

For help or more information

If you have Medicare, please call the **California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222 (TTY: 711)**.

If you have questions about Medicare, please call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you want to select a different Medi-Cal plan and/or get this letter in another language or alternate format – like large print, audio, or Braille, please call Health Care Options Monday-Friday 8am-5pm at 1-844-580-7272 or TTY: 1-800-430-7077.

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Special Population: MSSP Beneficiaries

Date	Change/Pop	Notice Date	Phasing	Counties
April 1, 2014	Duals Already in Medi-Cal plan: LTSS added to benefit package	March 1	In one month	San Mateo
July 1, 2014	SPDs already in Medi-Cal plan; LTSS Added	May 15	In one month	San Mateo
August 1, 2014	Cal MediConnect	May Start	In one month	Los Angeles, Riverside, San Bernardino, and San Diego
	SPDs and Duals who have to choose a Medi-Cal plan	May Start	In one month	Los Angeles, Riverside, San Bernardino, San Diego, Santa Clara
Jan 1, 2015	Cal MediConnect	October Start	In one Month	Alameda, Orange, Santa Clara

Local advocates can help individuals

Wrap Up

- HICAP
1-800-434-0222
- Cal MediConnect Ombudsman
1-855-501-3077

Want to know more?

- NSCLC Duals Website
 - Advocate's Guide
 - News
 - Sign up for alerts

<http://dualsdemoadvocacy.org>

 - CCI Basics (5/21/14 11:00 a.m.)
- Contact us:
 - Amber Cutler – acutler@nsclc.org
 - Denny Chan – dchan@nsclc.org
- Disability Rights Education & Defense Fund (DREDF)
 - www.dredf.org
- Department of Healthcare Services
 - www.calduals.org