

ADHC Webinar



California Department of Health Care Services

ADHC Webinar

Purpose of this webinar:

- ☞ To explain the notification process.
- ☞ To explain how to choose a health plan.
- ☞ To explain how to stay in regular Medi-Cal.

Notices to ADHC Beneficiaries

- ∞ DHCS is sending out notices to inform beneficiaries of the changes to ADHC services.
- ∞ ADHC beneficiaries fall into several different categories.
- ∞ For this reason, five different types of notices are being sent out to explain the transition.

ADHC Notice 1

- ✎ To beneficiaries who are not able to join a health plan because of their county of residence or other reasons. The notice explains the change to ADHC benefits and how to get more information about other options. A telephone number and website are provided.
- ✎ Notice will be sent in English and all threshold languages.
- ✎ Mail Date:
 - 8/29/11 English notice.
 - 9/21/11 threshold notice.

ADHC Notice 2.1

- ☞ To beneficiaries who are both Medicare and Medi-Cal (dual eligible) beneficiaries and who are able to join a managed care health plan. The notice explains the change to ADHC benefits and informs beneficiaries that they will be enrolled in a managed care health plan on October 1, 2011 unless they choose not to be enrolled in a health plan and how they can choose their own health plan.
- ☞ Notice included a voluntary enrollment packet.
- ☞ Notice was sent in English and the enrollment packet in appropriate threshold languages.
- ☞ Mail date:
 - 8/17/11 English notice with enrollment packet.

ADHC Notice 2.2

- ∞ To beneficiaries who are both Medicare and Medi-Cal (dual eligible) beneficiaries and are able to join a managed care health plan. The notice reminds beneficiaries of the deadline to select a managed care health plan or choose not to be enrolled in a managed care health plan.
- ∞ A voluntary enrollment packet for threshold languages sent separately.
- ∞ The notice was sent in English and all threshold languages.
- ∞ Mail Date:
 - 9/1/11 English notice.
 - 9/6-7/11 threshold notice and threshold enrollment packet.

ADHC Notice 3

- ☞ To beneficiaries who are Medi-Cal only, classified as Seniors and Persons with Disabilities (SPDs), are able to join a managed care health plan, have previously been notified that they will have to join a managed care health plan during their birth month, and are within 90-days of their birth month. The notice explains the change to ADHC benefits, that they can enroll in a managed care health plan early, and includes important telephone numbers for more information.
- ☞ No enrollment packet included
- ☞ Mail Date:
 - 8/29/11 English notice.
 - 9/21/11 Threshold notice.

ADHC Notice 4

- ☞ To beneficiaries who are Medi-Cal only, classified as Seniors and Persons with Disabilities (SPDs), are able to join a managed care health plan, and have not previously been notified that they will have to join a managed care health plan during their birth month. The notice explains the change to ADHC benefits, how to enroll in a managed care health plan, and includes important telephone numbers for more information.
- ☞ An enrollment packet was included.
- ☞ Mail Date:
 - 9/6/11 English notice & enrollment packet in Threshold languages.
 - 9/21/11 Threshold notice.

ADHC Notice 5.1

- ∞ To beneficiaries already enrolled in a managed care health plan located in the following counties: Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus and Tulare.
- ∞ Explains ADHC changes and advises members to contact their health plan for assistance.
- ∞ The notice will be sent in English and all threshold languages.
- ∞ Mail Date:
 - 9/21/11

ADHC Notice 5.2

- ∞ To beneficiaries already enrolled in a County Organized Health System (COHS) managed care health plan located in the following counties: Marin, Mendocino, Merced, Monterey, Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Solano, Sonoma, Ventura, Yolo.
- ∞ Enrollment is mandatory for beneficiaries residing in COHS counties.
- ∞ Explains ADHC changes and advises members to contact their health plan for assistance. The notice lists the phone numbers of all the COHS plans.
- ∞ The notice will be sent in English and all threshold languages.
- ∞ Mail Date:
 - 9/21/11

California Health Care Options Program



Medi-Cal Managed Care

Completing the Medi-Cal choice form

Enter head of household name,
sex, phone & address



MEDI-CAL CHOICE FORM

Use this form to join or change health plans. If you need help filling out this form, call 1-800-430-4263.

Mail Completed form to: California Department of Health Care Services • Health Care Options • Box 989009, W. Sacramento, CA 95798-9850.

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK ONLY. COMPLETELY FILL IN THE OVALS TO INDICATE YOUR CHOICE. SEE BACK FOR EXAMPLE

1) Head of Household Name (First Name, Last Name) M F

2) Sex 3) Telephone Number

4) Home Address (House Number, Street, Apartment Number, City, and Zip Code)

Please choose a Health Plan from the list for each member listed. The Doctor/Clinic Codes can be found in the Health Plan Provider Directory.

Enter name of each applicant, sex,
due date if pregnant, & SSN

5) Applicant's Name (First Name, Last Name) M F

6) Sex 6a) Due Date (if pregnant) 6b) Social Security Number

Fill in plan
choice/change

- HEALTH PLANS**
- I wish to JOIN or change my plan to:
 - 304 L.A. Care Health Plan
 - 352 Health Net Comm Solutions
 - 000 Regular Medi-Cal (FFS)

Enter plan change
reason code

Enter plan change reason code:

Doctor/Clinic Code

Enter provider code

Plan Partner Name (see back of choice form)

CH MO LA BC KA HN CF

Enter plan partner choice

Signature(s)
and date

NOTICE: I have read the plan description. I understand that Kaiser requires the use of binding neutral arbitration to resolve certain disputes. This includes disputes about whether the right medical treatment was provided (called medical malpractice) and other disputes relating to benefits or the delivery of services. If I pick Kaiser, I give up my right to a jury or court trial for those certain disputes. I also agree to use binding neutral arbitration to resolve those certain disputes. I do not give up my right to a State hearing of any issue, which is subject to the State hearing process.

CHOICE STATEMENT: I/We have made written choice to receive Medi-Cal benefits through the medical plans as I/we have indicated on this form. I/We have read and understand the conditions of this agreement. I/We understand that in order to change my/our current Medi-Cal Health plan, I/we must complete this form.

Head of Household's Signature _____ Date _____ Other Adult's Signature _____ Date _____ Other Adult's Signature _____ Date _____

Choosing A Health Plan

- ✎ The enrollment packet has a consumer guide which includes comparisons of:
 - Hospitals
 - Provider Networks
 - Optional Benefits
 - Quality Measures
- ✎ These resources are available to help you choose a plan.

The Health Care Options *enrollment process*

∞ You may complete your choice:

- **By telephone** by calling HCO at 1-800-430-4263 or TDD/TTY at 1-800-430-7077, Monday through Friday, 8:00 a.m. – 5:00 p.m. You must call by **9/21/11**.
- **By mail** using the postage free envelope enclosed in your enrollment packet. Your envelope must be postmarked by **9/16/11**.
- **In person**, please use the “Health Care Options” presentation schedule in your packet to find out when and where an enrollment presentation is being held in your county.

Resources

- ☞ Call your health plan if you are in a health plan.
- ☞ If you can enroll in a managed care health plan call Health Care Options (HCO): 1-800-430-4263 or TDD/TTY at 1-800-430-7077, Monday through Friday, 8:00 a.m. – 5.00 p.m.
- ☞ If you cannot enroll in a managed care health plan call the Medi-Cal Help Desk: (916) 636-1980
- ☞ ADHC Website: <http://dhcs.ca.gov/adhctransition>
- ☞ Submit questions to: adhc-transition@dhcs.ca.gov

Questions