



Department of
Health Care Services



Stakeholder Update on the Coordinated Care Initiative

September 11, 2014

Mari Cantwell

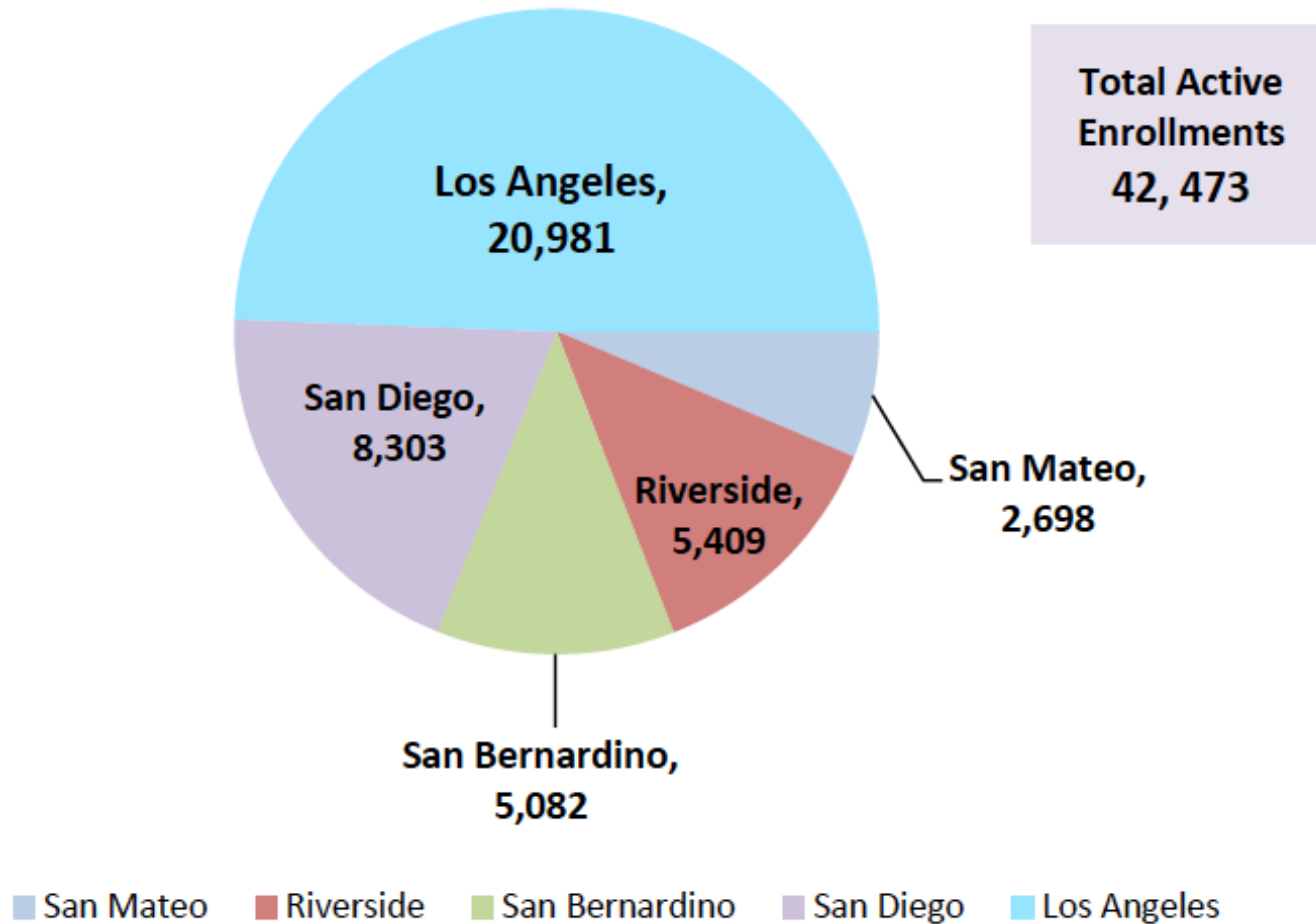
Department of Health Care Services (DHCS)

Today's Agenda

- Enrollment Data
- Revised Cal MediConnect Notices & Choice Form
- Cal MediConnect Continuity of Care Policy Update

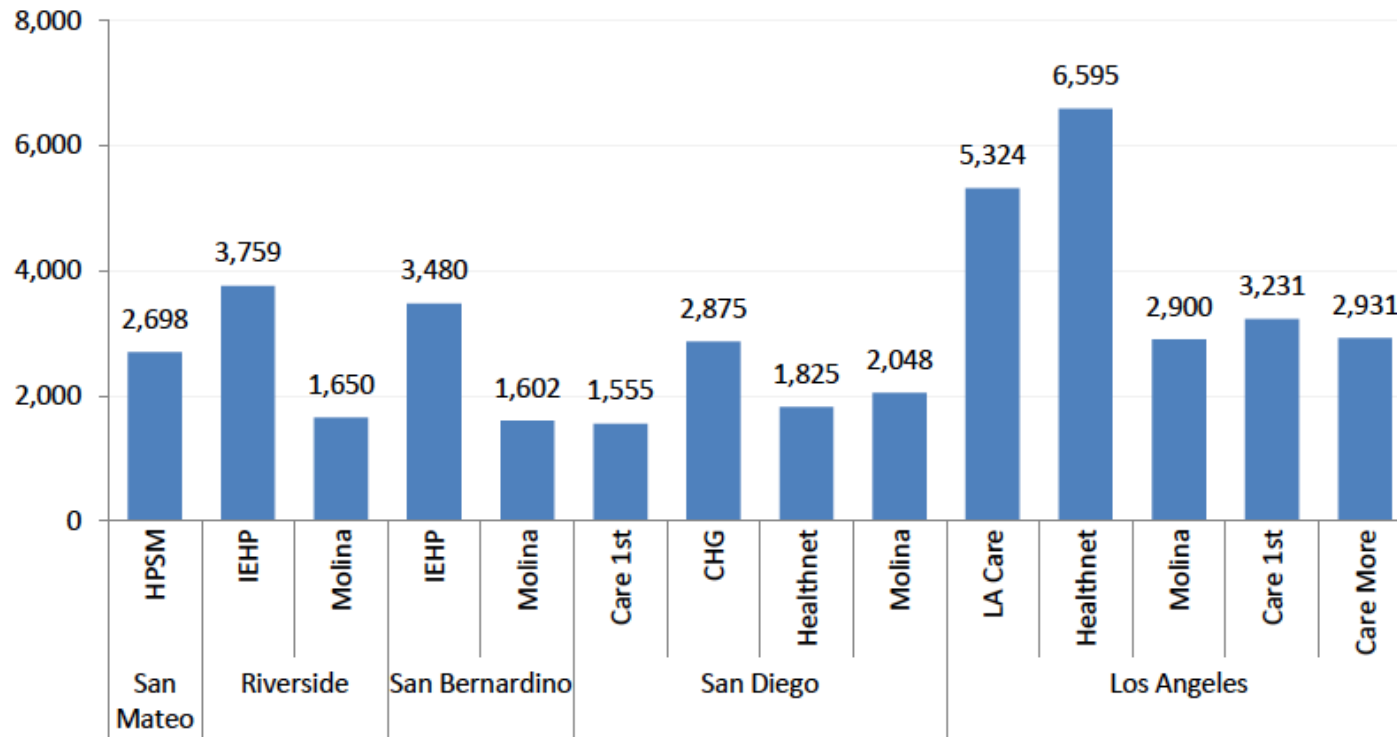
Enrollment Data: Cal MediConnect Enrollment

Total Active Enrollments Effective August 1, 2014 by County



Enrollment Data: Enrollment by Plan

**Total Active Enrollments Effective August 1, 2014
By Plan**



Data Sources: MEDS June MOE 2014, pulled on 8/6/14

Enrollment Data: Opt Outs

Opt-out Requests by Month/County¹

County	May	June	July	Totals ²	% of Passive ³
San Mateo	5	66	0	1,421	31.25%
San Bernardino	768	1,302	981	4,673	29.37%
San Diego	1,767	2,154	2,102	8,477	31.86%
Riverside	700	1,121	974	4,388	28.46%
Los Angeles	7,028	15,678	13,026	36,552	39.90%
Total	10,268	20,321	17,083	55,511	36.03%

1. Table includes the most recent three-months of opt-out (including voluntary disenrollment) requests.
2. Totals are cumulative opt-outs from the start of the Cal Mediconnect program.
3. The Opt-Out % is applied to 90 day mailings within the county excluding the most current 90 day mailing.

Enrollment Data: HCO Call Center

HCO Call Center Statistics July 2014

For Week Ending	Total Calls Received ¹	Total Calls Answered	Total Calls Abandoned	Average Abandon Rate	Average Talk Time (Minutes)	Average Wait Time (Minutes)
07/03/14	7,323	6,672	201	2.74%	9.05	0.87
07/11/14	13,891	11,616	645	4.64%	9.35	1.42
07/18/14	11,335	10,463	270	2.38%	8.80	1.07
07/25/14	9,325	8,854	120	1.29%	8.48	0.57
07/30/14	5,703	5,281	119	2.09%	8.68	0.90
Totals for Month	47,577	42,886	1,355	2.85%	8.87	0.98

1. Total calls received are hits to the call center system. Members may receive assistance in an automated phone tree, therefore are not accounted for in the call answered or abandoned counts.

Data Sources: Beneficiary notice schedule: From Maximus and HPSM notice timeline reports
 Call Center Statistics: HCO Weekly CCI Call Center Report dated 7/30/14

Revised Cal MediConnect Notices



Important Information on Your Medicare and Medi-Cal

You are getting this **second letter** because you have **BOTH** Medicare and Medi-Cal. The way you get your health care is changing. You will keep the benefits and services you have now, but you will get them in a different way. Unless you choose a different option, in 60 days, you will be automatically enrolled in a new Cal MediConnect plan <Plan Name>.

If you do not want to be enrolled in the plan selected for you, you **must** take action.

**If you do not do anything, your coverage in Cal MediConnect
<Plan Name>
will become effective on 00/00/0000**

In the next few days, you will receive a Health Plan Guidebook and a Choice Book to help you better understand the Cal MediConnect program and the plan you have been assigned. Carefully review that information when you receive it.

What are my choices?

1. **Automatically enroll in the Cal MediConnect plan that we have chosen for you starting 00/00/0000.** To do this, you do not have to do anything. It will be automatic.
2. **If you do not want to be automatically enrolled** in the Cal MediConnect plan chosen for you, you **MUST** either contact Health Care Options at 1-844-580-7272 or fill out and return the Plan Choice Form by 00/00/0000 to choose from these options:

- Revised following stakeholder input and beneficiary testing
- Emphasize more clearly, consistently, and frequently that a beneficiary's enrollment in Cal MediConnect would be automatic
- Clear and consistent about beneficiary choices
- Mailings began in July

Revised Cal MediConnect Notices

Health Plan Choice Form

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



If you do not want to automatically enroll in the Cal MediConnect plan we have chosen for you, use this form to choose a different option. For Free Help with this form, contact Health Care Options at 1-844-580-7272.



STEP 1: Tell us about yourself:

JOHN SAMPLE
First Name, Last Name

1234 SAMPLE STREET SAMPLE CITY
Address, City

9 9 9 9 9 - -
Zip Code Date of Birth

() - - - - - Sex: Male Female If pregnant, due date - - -
(Area Code) Phone Number Month Day Year

STEP 2: Choose how you want your care:

If you do NOT make a choice, you will be automatically enrolled in a Cal MediConnect Plan we have chosen for you.

OPTION A	OR	OPTION B
<p>Combine my Medicare and Medi-Cal benefits in one plan.</p> <p>Choose one of these Cal MediConnect Plans:</p> <p><input type="radio"/> 800 L.A. Care *</p> <p><input type="radio"/> 801 Health Net</p> <p><input type="radio"/> 816 Molina Dual Options</p> <p><input type="radio"/> 817 Care 1st</p> <p><input type="radio"/> 818 CareMore</p> <p>* To choose the plan that you have been assigned to, select the plan with the asterisk (*).</p>		<p>Keep my Medicare the way it is now AND choose a Medi-Cal plan.</p> <p>Choose one of these Medi-Cal Plans to get your Medi-Cal benefits:</p> <p><input type="radio"/> 304 L.A. Care Health Plan</p> <p>Plan Partners</p> <p><input type="checkbox"/> CF- Care1st Partner Plan, LLC</p> <p><input type="checkbox"/> KA- KP Cal, LLC</p> <p><input type="checkbox"/> LA- L.A. Care Health Plan</p> <p><input type="checkbox"/> BC- Anthem Blue Cross Partnership</p> <p><input type="radio"/> 352 Health Net Comm Solutions</p> <p>Plan Partners</p> <p><input type="checkbox"/> HN- Health Net Comm Solutions</p> <p><input type="checkbox"/> MO- Molina Health Care Partner</p>

Program of the All-Inclusive Care for the Elderly (PACE):
You may qualify for PACE (see instructions). If you want to get your Medicare and Medi-Cal benefits combined in a PACE plan, fill out this option in addition to Option A or B.

PACE Plan:
 052 AltaMed Senior BuenaCare

If you do not qualify, you will get your care through the Option A or Option B plan that you chose above in Step 2.

- Includes instructions on the form
- Clearly delineates Option A (Cal MediConnect) & Option B (Keep Medicare the Same)
- Mailings began in August

- Physician Services:
 - Continuity period is 6 months for Medicare Services, 12 months for Medi-Cal
 - Payment is at least 80% of Medicare fee schedule plus any copays that Medi-Cal is required to pay
 - Beneficiary and physician must have preexisting relationship: one visit in 12 months prior to enrollment for primary care, and two visits for specialists

Updates to Continuity of Care

- Requesting Continuity of Care
 - Providers can now request Continuity of Care
 - Can help provide protections for beneficiaries lacking capacity
 - Continuity of Care can be requested by phone
 - Plans can request necessary information
 - Plans cannot require beneficiaries to request through forms
 - Request must be processed within 3 days if there is risk of harm to the beneficiary
 - Plans must actively try to determine continuity of care needs as part of HRA process

Updates to Continuity of Care

- Retroactive Continuity of Care
 - Providers or beneficiary can now request continuity of care after service delivery
 - Request must come within 20 business days of first service following enrollment
 - Allows patients to see providers while plan processes request

Updates to Continuity of Care

- Beneficiaries must be notified that Continuity of Care is time-limited
 - Notification must include duration of continuity of care, process for transition following that period, and the beneficiary's right to choose different in-network providers
 - Within 10-days of request approval, and 30-days prior to end of continuity of care period

Updates to Continuity of Care

- Covered providers
 - Does not include providers of DME, transportation or ancillary services
 - Long-term residents of NFs (90+ days) receive automatic NF continuity of care for life of program
- Providers must comply with plan utilization management policies

Questions

For questions or additional information, please email info@calduals.org or visit the website at www.calduals.org.