

Cal MediConnect



Department of Health Care Services

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Important Information

About Your Medicare and Medi-Cal Benefits

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 choices. You may choose a Cal MediConnect health plan, or choose to stay with regular Medicare. If you do not make a choice, we will choose one of the Cal MediConnect health plans for you.

Read this letter to understand this change and your choices:

Based upon your past services and health care needs, you have been assigned to the Cal MediConnect health 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: \[Health Plan Name\]](#)

Your choices include:

- 1. Enrolling in a Cal MediConnect health plan.** These health plans cover both Medicare and Medi-Cal services. They also cover vision care and transportation. This means you can call one place when you need help.

There is no extra cost to join a Cal MediConnect plan. You keep all the benefits and services you have now. Your doctor and providers will work with your health plan to ensure you receive 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. Joining a Medi-Cal plan will allow you to keep your Medicare doctors and hospitals and you will not lose any services.

How will this change affect me?

Enrolling in a health plan will:

- Keep your Medicare or Medi-Cal eligibility without any extra costs.
- Keep all of the services or benefits you receive now.
- All your doctors, specialists, and other providers will work together to get you the care you need.
- Give additional transportation and vision benefits.

How does this change help me?

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

What should I do now?

Review the three choices above and decide which is best for you. Use the Health Plan Guide and Choice Book that came 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 above.

If you do not want to enroll in [Health Plan Name](#), you can contact Health Care Options about your choice to stay in your 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 came 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 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

1-800-430-4263 • TTY: 1-800-430-7077 • Monday - Friday, 8 am - 5 pm
www.HealthCareOptions.dhcs.ca.gov

Frequently Asked Questions and Answers

1. What is the difference between Medicare and Medi-Cal?

Medicare and Medi-Cal are two separate programs that cover different services for eligible individuals.

- **Medicare** covers medical services like doctors, specialists, hospitals, and prescription drugs. Medicare also covers some medical equipment and home health.
- **Medi-Cal** covers any costs that Medicare doesn't pay for, including:
 - a. Deductibles,
 - b. Long-Term Services and Supports,
 - c. Transportation to medical appointments,
 - d. 24-hour nurse advice line for help,
 - e. Medical equipment and supplies, like bandages or diapers.

2. What are the benefits of enrolling in a Cal MediConnect plan?

- You will get all of your Medicare and Medi-Cal benefits in one health plan, including doctors, hospitals, and prescription drugs.
- You will get one membership card and one phone number to call when you need help.
- You will get vision care and transportation to medical appointments.
- You can call a 24-hour nurse advice line for help.
- You can get a care coordinator. This person will answer your questions, help you find community services, make medical appointments, and help you talk with your doctors.
- Your health plan will ask you about your health care needs and work with you to create a personal care plan based on your goals.

3. How can I be sure my care continues after I join a health plan?

Your new health plan is required to make sure your care does not change. Your health plan will contact you after you enroll to learn about your health care needs. They will work with you to make sure you get all the care you need.

If you have a scheduled treatment and are changing health plans, call your new health plan right away. Tell the health plan about your upcoming treatment so they can work with you.

- **If you see a doctor who is not a part of the health plan's network**, you can keep seeing this doctor for up to six months if the doctor agrees to your new health plan's terms, rates, and has no quality issue.
- **If you are in a Medi-Cal nursing home**, the plan will work with you and your care team so you get the care you need. You can stay in your nursing home as long as it is a part of your health plan's network. If the nursing home is not a part of the network, you can stay there for the first twelve months after joining the new health plan.

4. What can I do if I join a Cal MediConnect or PACE plan and don't like it?

In any month, you can dis-enroll from Cal MediConnect or PACE and go back to the original Medicare plan or a Medicare Advantage plan. To do this, call Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077), or tell your health plan that you want to leave the plan. The health plan can help you make this choice.

- Remember that you can still be enrolled in the health plan for your Medi-Cal benefits. Your dis-enrollment only affects how you get your Medicare benefits.

5. What are Long-Term Care Services and Supports? How will they work in a health plan?

Long-Term Care Services and Supports (LTSS) are Medi-Cal benefits that help you with on-going personal care needs. In a health plan, these services and supports will work like they do today.

Your health plan will work with your doctors and LTSS providers. If you do not get these services now, your health plan can help you get them in the future if they are medically needed.

- **In-Home Supportive Services (IHSS):** Personal care services for people who need help to live safely in their homes.
 - **If you get IHSS**, your services will not change. You can keep your IHSS providers and you can still hire, fire, and manage your providers. The county IHSS social worker will still assess your needs and approve your IHSS hours. Your rights to appeal will stay the same. If you want, your health plan can work with you and your IHSS providers to make sure you get the care you need.
- **Community-Based Adult Services (CBAS):** These are services from daytime health care at centers that provide nursing, therapy, activities, and meals for people with certain chronic health conditions.
 - Where available, your health plan will work with you and your doctor if you need this service. If you get CBAS today, your services will not change.

- **Multipurpose Senior Services Program (MSSP):** These are social and health care coordination services for people age 65 and older.
 - **If you get MSSP services,** you will still receive it through your current MSSP providers. Your health plan will work with them to better coordinate your care.
- **Nursing home care:** Your health plan will work with your doctor and nursing home to give you the same services that you get now and to better coordinate your care.

**6. I don't use any Medi-Cal Long-Term Care Services and Supports benefits.
Why must I join a health plan?**

The reason for this choice is to better coordinate your Medi-Cal services. If you need Long-Term Care Services and Supports, the health plan will help you. Also, in a health plan, you can get transportation to medical appointments and call a 24-hour nurse advice line for help. Medi-Cal health plans will pay any extra Medicare costs that the State pays today, like your deductibles.