



DATE: September 15, 2014

TO: Select Medicare Advantage Dual Eligible Special Needs Plans in California

FROM: Kathryn Coleman, Acting Director, Medicare Drug & Health Plan Contract Administration Group

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SUBJECT: Model Notice for Option to Send Alternate to ANOC/EOC to Dual Eligible Special Needs Plan Members Being Passively Enrolled into Cal MediConnect Medicare-Medicaid Plan (MMP)

The California Department of Health Care Services, which operates the Medicaid program (called “Medi-Cal”) is currently operating a demonstration under the CMS Financial Alignment Initiative. The goal of the demonstration is to integrate care and financing for Medicare-Medicaid enrollees, also known as dual eligible individuals. The California demonstration is known as “Coordinated Care Initiative.” Under the demonstration, Cal MediConnect plans, also known as Medicare-Medicaid Plans (MMPs), provide both Medicaid and Medicare benefits to demonstration enrollees. Some demonstration-eligible enrollees currently enrolled in D-SNPs operated by Medicare Advantage Organizations (MAOs) that also have an MMP. In October, 2014, California will passively enroll those demonstration-eligible individuals into that organization’s MMP, for an effective date of January 1, 2015.

These individuals will become ineligible for their D-SNP as of January 1, 2015, and may not re-enroll in this D-SNP in the future. Therefore, we are providing, as an alternate to the annual notice of change (ANOC), a model notice (attached) that the MAO may send to affected members, informing them of the action the State will take to enroll them in the demonstration plan, the consequences of opting out of enrollment in this new plan, and their other options for Medicare coverage. The organizations that use this option should provide the full ANOC/EOC to non-demonstration eligible enrollees. These notices within the same timeframe required for issuance of the ANOC/EOC to current members who are not included in MMP passive enrollment.

CMS will issue separate guidance on the process for and communication to demonstration-eligible individuals who remain in the D-SNP as of December, 2014 (i.e., because they opted out of passive enrollment prior to January 1 and were reinstated by CMS’ MARx system back into the D-SNP, or who newly enroll in the D-SNP for October, November, or December effective dates).

Please contact your Regional Office Account Manager if you have any questions.

Attachment (1)

Optional Notice for Renewing DSNP to send to Dual Eligible Members Passively Enrolled by California to a Medicare-Medicaid Plan in Same Organization – for COHS plans

Dear < Member>:

The Health Plan of San Mateo (HPSM) will send you a letter telling you that you will be switching to a Cal MediConnect plan starting January 1, 2015. The Cal MediConnect plan will offer your health and drug coverage in <MMP name> instead of <D-SNP name> starting January 1, 2015. This new Cal MediConnect plan includes your Medi-Cal, Medicare, and prescription drug benefits.

There will be no gap in your coverage. HPSM will automatically enroll you in <MMP name>, so you don't have to do anything. You can choose not to be automatically enrolled in <MMP name> -- you can opt out. If this is your choice, you need to contact us no later than December 31, 2014. If you don't contact us or make a different choice by December 31, your new coverage with a Cal MediConnect plan will start on January 1, 2015. See below for your other options.

<MMP name> network primary care providers and pharmacies will provide all of your health care services and prescription drugs as of January 1, 2015. If you need emergency or urgently needed care, or out-of-area dialysis services, you can use providers outside of <MMP name>'s network. < Plan to add other state-required services>

By December 1 <MMP name> will send you a new member kit. **Your kit will include:**

- A welcome letter
- Summary of benefits
- List of covered drugs
- [*insert <Provider and pharmacy directory> or <Instructions for getting more information about network providers and pharmacies>*]
- [*if including in the new member kit, insert <Member ID card>*]
- [*if including in the new member kit, insert <Member handbook>*]

For questions about <MMP name>,

- Call <MMP name> <Member Services> at <toll-free phone number> <days and hours of operation>.
- Call <toll-free number> if you use TTY.
- Visit <web address>.

Do I have other options?

Yes. Here are your options for **Medicare coverage**:

Option 1: You can join a different Medicare health plan. A Medicare health plan is offered by a private company that contracts with Medicare to provide benefits. Medicare health plans cover all services that Original Medicare covers and may offer extra coverage such as vision, hearing or dental. You may not choose a Medicare health plan designed specifically for people who have both Medicare and Medicaid, called Dual Eligible Special Needs Plans.

Option 2: You can change to Original Medicare. Original Medicare is fee-for-service coverage managed by the Federal government. If you choose Original Medicare and you don't select a new prescription drug plan, Medicare will choose one for you. However, you will still get your Medi-Cal benefits through Health Plan of San Mateo.

Get Help Comparing Your Options

It's important to find a plan that covers your doctor visits and prescription drugs.

Please visit www.medicare.gov or refer to your Medicare & You Handbook for a list of all Medicare health and prescription drug plans in your area. If you want to join one of these plans, call the plan to get information about their costs, rules, and coverage. Please note Medicare isn't part of the Health Insurance Marketplace you may have been hearing about. Following the instructions in this letter will ensure that you are reviewing Medicare plans and not Marketplace options.

You can also get help comparing plans if you:

- **Call <Name of SHIP> at <SHIP phone>.** Tell them you got a letter from the Health Plan of San Mateo telling you that they will switch you to our Cal Mediconnect plan starting January 1, 2015. Counselors are available to answer your questions, discuss your needs, and give you information about your options. All counseling is **free**. TTY users should call <SHIP TTY>.

- **Call 1-800-MEDICARE (1-800-633-4227).** Tell them you got a letter from the Health Plan of San Mateo telling you that they will switch you to a Cal Mediconnect plan starting January 1, 2015 and you would like more information on Medicare plans available in your area. This toll-free help line is available 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- **Visit www.medicare.gov.** Medicare's official web site has tools that can help you compare plans and answer your questions.
 - **Click** "Find health & drug plans" to compare the plans in your area.

What if I have questions about Medi-Cal?

If you have questions about Medi-Cal, call <COHS plan Medi-Cal number>, <days and hours of operation>.

<plans may include language thanking the beneficiary for their membership and/or apologizing for any inconvenience>

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