



The Coordinated Care Initiative
Beneficiaries with HIV/AIDS with Both Medicare and Medi-Cal or Medi-Cal Only
October 2015

The Coordinated Care Initiative (CCI) promotes integrated delivery of medical, behavioral, and long-term care services. CCI also provides a road map to integrated Medicare and Medi-Cal services for people on both programs, called “Medi-Medi” or “dual-eligible beneficiaries.”

CCI includes two parts:

Cal MediConnect: All of a dual-eligible beneficiary’s medical, behavioral health, long-term institutional, and home-and community-based services are combined into a single health plan. This will allow providers to better coordinate care and make it simpler for the beneficiary to get the right care at the right time in the right place. Dual eligible beneficiaries who wish to be in Cal MediConnect must disenroll from the AIDS Waiver or AIDS Health Care Foundation (AHF) to join Cal MediConnect. If beneficiaries join Cal MediConnect and then decide to go back into the waiver, they will need to be re-evaluated for program eligibility.



Managed Medi-Cal Long-Term Services and Supports (MLTSS): Medi-Cal beneficiaries, including dual eligible beneficiaries who have opted out of Cal MediConnect or who are not eligible for Cal MediConnect, are required to join a Medi-Cal Managed Care health plan to receive their Medi-Cal benefits, including Long Term Services and Supports (LTSS) and Medicare wrap-around benefits. Dual-eligible beneficiaries who are in the AIDS Waiver must elect a Medi-Cal Managed Care health plan for their Medi-Cal benefits or be auto-enrolled in a Medi-Cal Managed Care health plan.

Types of Services Provided in Cal MediConnect

Cal MediConnect will provide all needed Medicare and Medi-Cal services, as well as care coordination and other supplemental services.

Types of services include the following:

- Medicare Part A (hospital coverage) and Part B (out-patient coverage)
- Medicare Part D (prescription drug coverage)
- Care Plan Option (CPO) services (optional HCBS services)
- All required Medi-Cal services, including:
 - Managed Medi-Cal Long-Term Services and Supports (MLTSS)
 - In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), Long-Term Care nursing facility services and Multipurpose Senior Services Program (MSSP)
- Supplemental Services – vision and transportation

Location

The CCI will take place in seven counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara. It began April 2014 in five counties (Los Angeles, Riverside, San Bernardino, San Diego and San Mateo). A start date for Orange County will begin no sooner than July 2015 for voluntary enrollment and no sooner than August 2015 for passive enrollment. Alameda will not be participating in CCI at this time. Dual beneficiaries who are part of the Low Income Subsidies (LIS) Medicare Part D program will be passively enrolled in Cal MediConnect in January 1, 2015.

The participating health plans in each county are part of the state's existing network of Medi-Cal health plans and have experience providing Medicare managed care. Each underwent a rigorous selection process and an extensive readiness review process.

Enrollment Process

Coverage for these beneficiaries began April 2014. Notification of these changes will be mailed to eligible participants starting 90 days before their scheduled date of coverage, which is typically their month of birth. Beneficiaries cannot take any action until they receive their first notice. More details about enrollment are available at www.CalDuals.org.

Understanding Enrollment

- **Optional enrollment in Cal MediConnect:** The state will use a *passive enrollment* process for dual beneficiaries. In other words, the state will enroll eligible beneficiaries into a health plan that combines their Medicare and Medi-Cal benefits. Dual-eligible beneficiaries can actively choose not to join Cal MediConnect but they must notify the state if they choose to keep their Medicare the way it is now. The state will send eligible beneficiaries multiple notices describing their choices, including the option to keep their current Medicare.
- **Mandatory enrollment into Medi-Cal Managed Care health plan:** Nearly all Medi-Cal beneficiaries, including those with HIV/AIDS, will enroll in a Medi-Cal Managed Care health plan. This now includes Medi-Cal beneficiaries only receiving IHSS, CBAS or MSSP with a share of cost and those residing or formerly residing in nursing facilities. Medi-Cal beneficiaries will receive notices describing their Medi-Cal Managed Care health plan choices. The state will automatically enroll them in a Medi-Cal Managed Care health plan if they do not make a choice. This includes beneficiaries with both Medicare and Medi-Cal who choose not to join Cal MediConnect. Beneficiaries with HIV/AIDS may request to disenroll from a Medi-Cal Managed Care health plan and receive their Medi-Cal benefits through Fee-For-Service (FFS) at any time by completing and having their primary care physician sign the Non-Medical Exemption form.

For more information about enrollment and enrollment options, contact Health Care Options (HCO) at 1-844-580-7272 or Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222.

Table 1: Scenarios for HIV-infected Beneficiaries Residing in CCI Counties

	Dual Eligible Beneficiary	Medi-Cal Only Beneficiary
AIDS Waiver Client	<ul style="list-style-type: none"> • Will <u>not</u> be passively enrolled into Cal MediConnect since the beneficiary is already enrolled in the AIDS Waiver Program; or • If beneficiary chooses to enroll into Cal MediConnect, then the beneficiary must disenroll from AIDS Waiver. • To avoid enrollment in a Medi-Cal Managed Care health plan, beneficiary must complete a Non-Medical Exemption form to enroll into Fee-For-Service. 	<ul style="list-style-type: none"> • Must elect a Medi-Cal Managed Care Health Plan or be auto-enrolled in a Medi-Cal Managed Care Health Plan, or • May disenroll from a Medi-Cal Managed Care Health Plan by completing a non-medical exemption form.
AIDS HealthCare Foundation (AHF) Managed Care Member	<ul style="list-style-type: none"> • Will <u>not</u> be passively enrolled into Cal MediConnect since beneficiary is already enrolled in an AHF plan. • Must disenroll from an AHF plan to join Cal MediConnect. • To avoid enrollment in a Medi-Cal Managed Care health plan, beneficiary must complete a Non-Medical Exemption Form to enroll into Fee-For-Service. 	<ul style="list-style-type: none"> • <u>Not</u> required to enroll in a Medi-Cal Managed Care Health Plan since already enrolled in an AHF plan. • May join a Medi-Cal Managed Care Health Plan only if they first disenroll from an AHF plan.
All other people with HIV or AIDS	<ul style="list-style-type: none"> • Will be passively enrolled into Cal MediConnect, if otherwise eligible; or • To opt-out of Cal MediConnect and to avoid enrollment in a Medi-Cal Managed Care health plan, beneficiary must complete a Non-Medical Exemption Form to enroll into Fee-For-Service. • These beneficiaries can disenroll or opt-out of Cal MediConnect at any time. 	<p>If a beneficiary is not already in a Medi-Cal Managed Care Health Plan, then he or she:</p> <ul style="list-style-type: none"> • Must elect in a Medi-Cal Managed Care Health Plan or be auto-enrolled in a Plan, OR • Must complete a non-medical exemption form to be enroll into Fee-For-Service. • These beneficiaries can disenroll or opt-out of a MLTSS plan at any time to be enrolled into Fee-For Service.

Common Questions

1. If someone “opts-out” of Cal MediConnect, do they have to opt-out each year?

No, a beneficiary does not need to opt-out each year. Cal MediConnect is a voluntary program. A beneficiary only needs to notify the State once that they do not want to be enrolled into Cal MediConnect. If a beneficiary joined Cal MediConnect but later decides he or she does not like the health plan, then the beneficiary can disenroll at any time. If initially a beneficiary decides not to enroll into Cal MediConnect but later changes his or her mind, he or she can enroll at any month.

A beneficiary or their approved representative can make these choices by calling **Health Care Options at 1-844-580-7272 (TTY: 1-800-430-7077)**.

If an AIDS Waiver beneficiary joins Cal MediConnect then decides to go back to AIDS Waiver, they can still enroll in the AIDS Waiver as long they are reassessed to meet AIDS Waiver program eligibility and there is an open enrollment slot in the county in which they reside.

2. How does an HIV-positive individual disenroll from a Medi-Cal Managed Care health plan?

Any beneficiary with HIV/AIDS may request to disenroll from a Medi-Cal Managed Care health plan at any time by completing and obtaining a signed Non-Medical Exemption Form from his or her primary physician. A beneficiary will only need to complete a Non-Medical Exemption form once to stay in regular Medi-Cal Fee-For-Service.

You can obtain a form to request a non-medical exemption from plan enrollment by calling Health Care Options (HCO) at 1-800-430-4263 between 8 am and 5 pm Monday to Friday. For TTY users call 1-800-430-7077 or you may visit <http://www.healthcareoptions.dhcs.ca.gov/> and under the “Enrollment” tab click on “Exception and Exemption to Plan Enrollment Forms” link, then click on “Request for Non-Medical Exemption from Plan Enrollment” link. Be sure to select the form for American Indians or Beneficiaries with HIV/AIDS in Coordinated Care Initiative (CCI) Counties.

3. How will Medi-Cal health plans coordinate services with AIDS Waiver providers?

The health plans are expected to coordinate Members’ care across the full continuum of service providers, including medical, behavioral, long-term services and supports, and home-and community-based waiver services. Care coordination will be performed by nurses, social workers, primary care providers, and, if appropriate, other medical or long-term services and supports professionals, and health plan care coordinators.

4. How will HIV/AIDS medications be provided under the CCI?

Beneficiaries who enroll in Cal MediConnect will receive all of their prescription medications, including HIV/AIDS medications through that health plan.

Beneficiaries with Medi-Cal only will get their HIV/AIDS medications like they do today through Medi-Cal. People who are fully covered by Medi-Cal (Medi-Cal only and no share of cost) are not eligible for the AIDS Drug Assistance Program (ADAP).

ADAP can pay for outpatient prescription out-of-pocket costs for drugs on the ADAP formulary to eligible individuals co-enrolled in Medi-Cal with a share of cost (up to the share of cost amount) and/or Medicare Part D. For information on ADAP eligibility, covered drugs, or how to enroll, call **888-311-7632** or visit Ramsell Public HealthRx at <http://www.ramsellcorp.com/individuals/ca.aspx>.

5. How will programs funded by the Ryan White Care Act be coordinated under the CCI?

The federal Ryan White HIV/AIDS Program provides HIV-related services to people who do not have sufficient health care coverage or financial resources for coping with HIV/AIDS. As the “payer of last resort,” the Ryan White program fills gaps in care not met by other payers, such as private insurance, Medicare and Medi-Cal. For example, Ryan White programs may provide wrap-around support services for a dual-eligible or Medi-Cal beneficiary like case management, a food bank or home-delivered meals.

6. What if I am on the AIDS Waiver program and received a letter saying I will be enrolled in Cal MediConnect?

Beneficiaries on the AIDS Waiver program should not have received notices about Cal MediConnect.

- The State is taking steps to automatically disenroll these beneficiaries from Cal MediConnect so they can keep their services.
- The beneficiary or their representative should call Health Care Options at 1-844-580-7272 if they want confirmation that they have been disenrolled.

7. What if I am an AHF member and have received a letter saying I will be enrolled in Cal MediConnect?

AHF members should not have received notices about Cal MediConnect.

- The State is taking steps to automatically disenroll these beneficiaries from Cal MediConnect so they can keep their services.
- The beneficiary or their representative should call Health Care Options at 1-844-580-7272 if they want confirmation that they have been disenrolled.
- The beneficiaries will not lose their eligibility to AHF. If they join Cal MediConnect and then decide to go back into AHF, they will be allowed to re-enroll.

8. What is the Medi-Cal Managed Care health plan disenrollment process for all dual and partial eligible and Medi-Cal only HIV/AIDS beneficiaries?

If a beneficiary was passively enrolled in a Medi-Cal Managed Care health plan and would like to be removed or be disenrolled from the Medi-Cal Managed Care health plan, then the

beneficiary's service provider must complete and submit the Non-Medical Exemption form certifying that the beneficiary is or will be receiving services from a different Medi-Cal Managed Care health plan. The service provider must submit the completed form to Health Care Options (HCO) either by mail or by fax at:

Health Care Options
P.O. Box 989009
West Sacramento, CA 95798-9850
Fax Form to: (916) 364-0287

The Non-Medical Exemption form is included in the beneficiary's benefit packet. To obtain a copy or if there are questions regarding the form, please call HCO at 1-844-580-7272; TTY/TDD users call 1-800-430-7077.



Need additional information? Please check the following links and phone numbers for more information:

CCI Contact Information	
Beneficiary specific information	http://www.calduals.org/beneficiaries/
Outreach to beneficiaries (including Webinars and Power Point presentations)	http://www.calduals.org/outreach-and-education/
Beneficiary Rights and Responsibilities	http://www.calduals.org/wp-content/uploads/2014/02/Rights-Responsibilities_14-02-13.pdf
Ombudsman Program	Contact the Ombudsman Program for assistance if there are issues or problems with services or Cal MediConnect. The Cal MediConnect Ombudsman Program can help beneficiary ask for "Continuity of Care", which can help a beneficiary keep seeing their current doctors after joining Cal MediConnect. http://www.calduals.org/beneficiaries/ombudsman-program/
Health Insurance Counseling and Advocacy Program (HICAP)	HICAP can help beneficiaries understand their choices, make changes to their health plan (including assistance in choosing a different Cal MediConnect plan or Medi-Cal Managed Care health plan). HICAP telephone number: 1-800-434-0222

Health Care Options (HCO)	To opt-out of Cal MediConnect: HCO telephone number: 1-844-580-7272 TTY/TDD users: 1-800-430-7077