

Coordinated Care Initiative (CCI): Basics

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The National Senior Citizens Law Center is a non-profit organization whose principal mission is to protect the rights of low-income older adults. Through advocacy, litigation, and the education and counseling of local advocates, we seek to ensure the health and economic security of those with limited income and resources, and access to the courts for all. For more information, visit our Web site at www.NSCLC.org.

The logo for DREDF features the acronym "DREDF" in a bold, red, sans-serif font. To the right of the text is a graphic consisting of a series of small black dots arranged in a curved path, resembling a stylized smile or a partial arc.

Disability Rights Education & Defense Fund

Founded in 1979, by people with disabilities and parents of children with disabilities, the Disability Rights Education and Defense Fund (DREDF) is a leading national law and policy center, based in Berkeley, CA, dedicated to protecting and advancing the civil and human rights of people with disabilities. For more information, visit us at www.DREDF.org

Coordinated Care Initiative: In a Nutshell

What

- Mandatory Medi-Cal for all SPDs
- LTSS Integration
- Medicare Integration

Who

- Dual eligibles
- Medi-Cal only SPDs

Where

- 8 counties: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, Santa Clara*

When

- April 1, 2014*

Why

- Coordinate Care
- Save Money

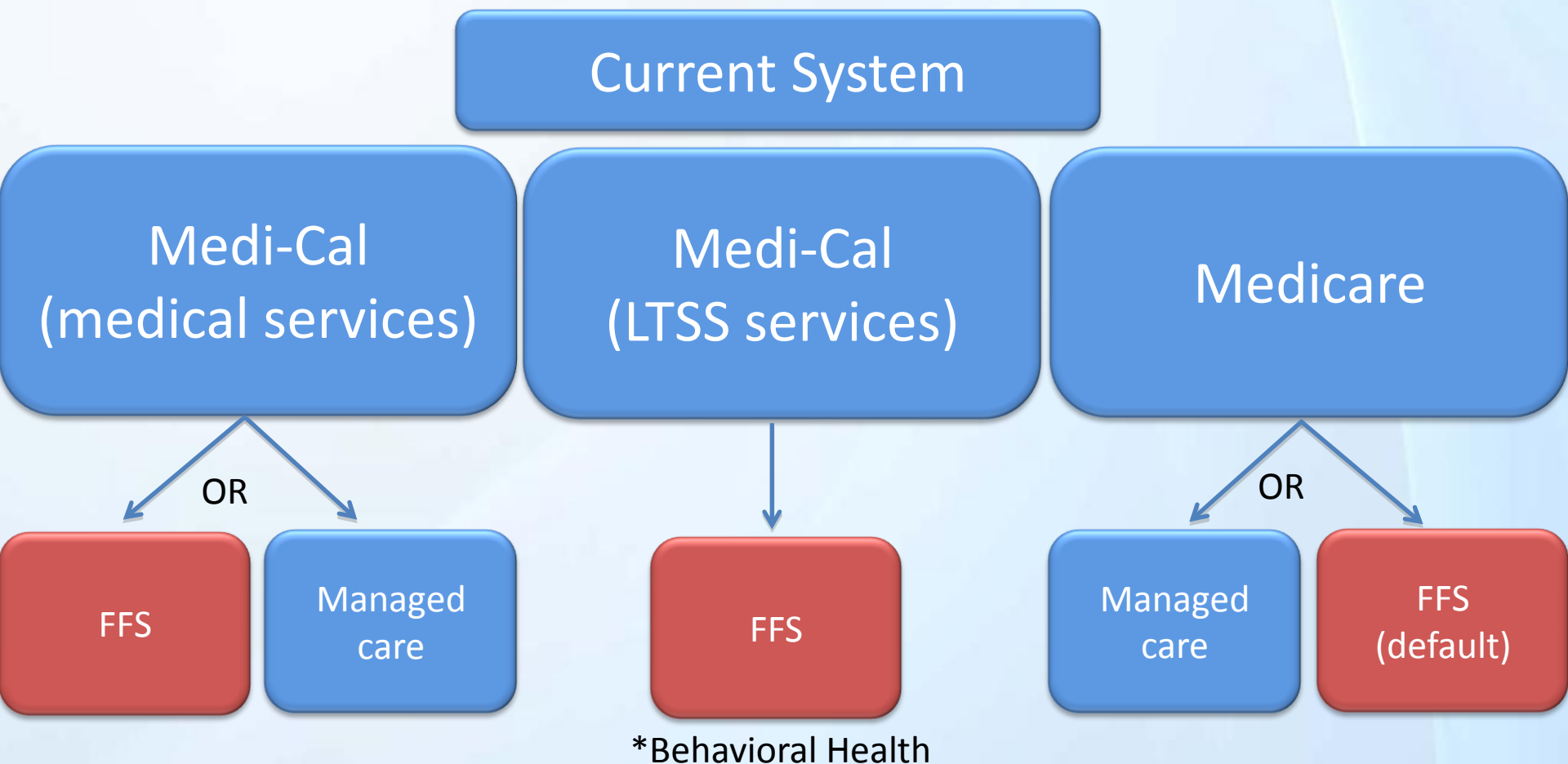
Glossary

- Coordinated Care Initiative (CCI)
 - Cal MediConnect
- Dual Eligible (Dual) ←
- Duals-Special Needs Plan (D-SNP) ←
- Fee-for-Service (FFS)
- Long Term Services and Supports (LTSS) ←
 - In-Home Supportive Services (IHSS), Community Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), Nursing Facility
- Medi-Cal Managed Care
- Program of All-Inclusive Care for the Elderly (PACE)
- Seniors and Persons with Disabilities (SPDs) ←

CCI = three big changes

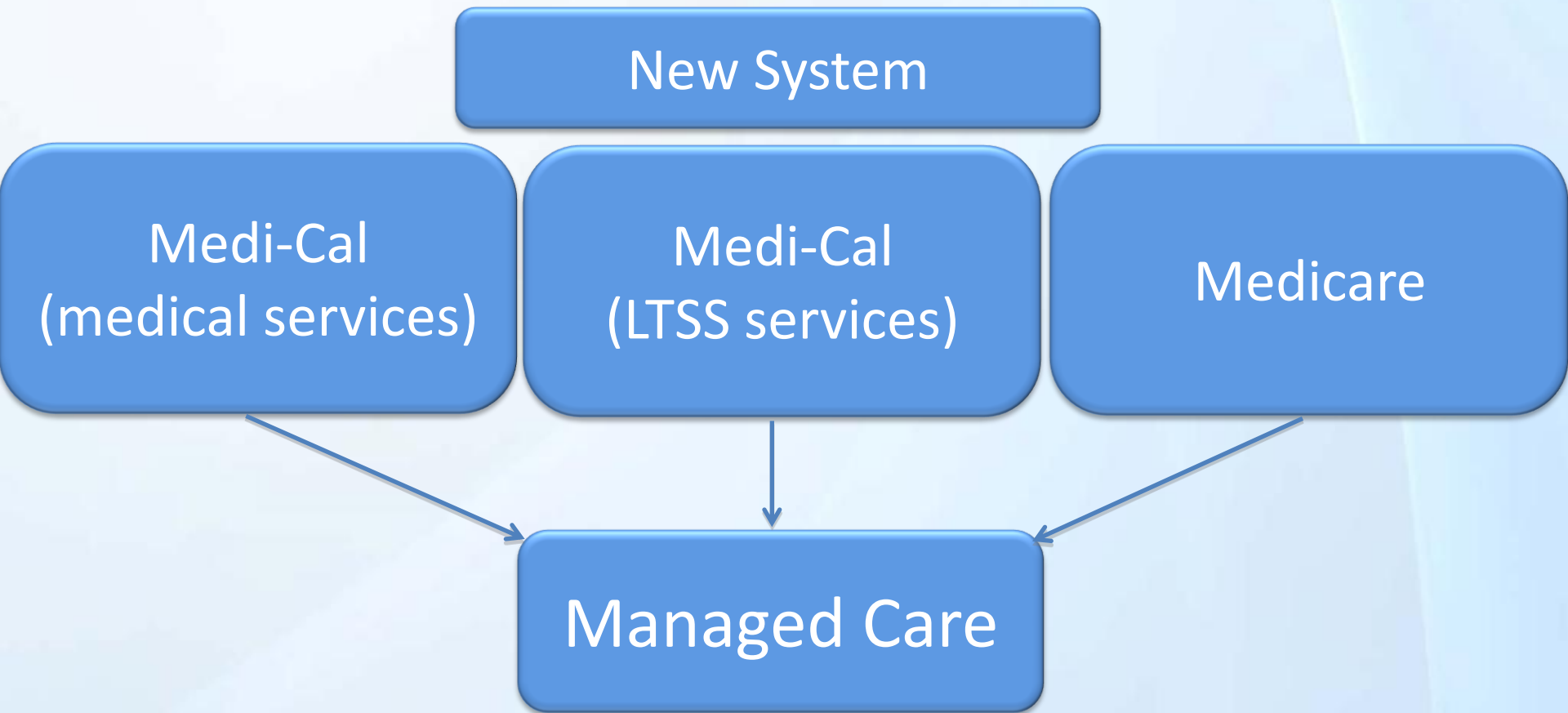
CCI Change	Description	Federal Approval
Mandatory Medi-Cal Managed Care	Duals and previously excluded SPDs must enroll in Medi-Cal Managed Care	Approved
LTSS Integration	LTSS added to Medi-Cal Managed Care plan benefit package	Approved
Medicare Integration (Cal MediConnect)	For duals, integration of Medicare and Medi-Cal benefits into one managed care plan.	Approved

The current Medi-Cal, LTSS, and Medicare delivery systems are different



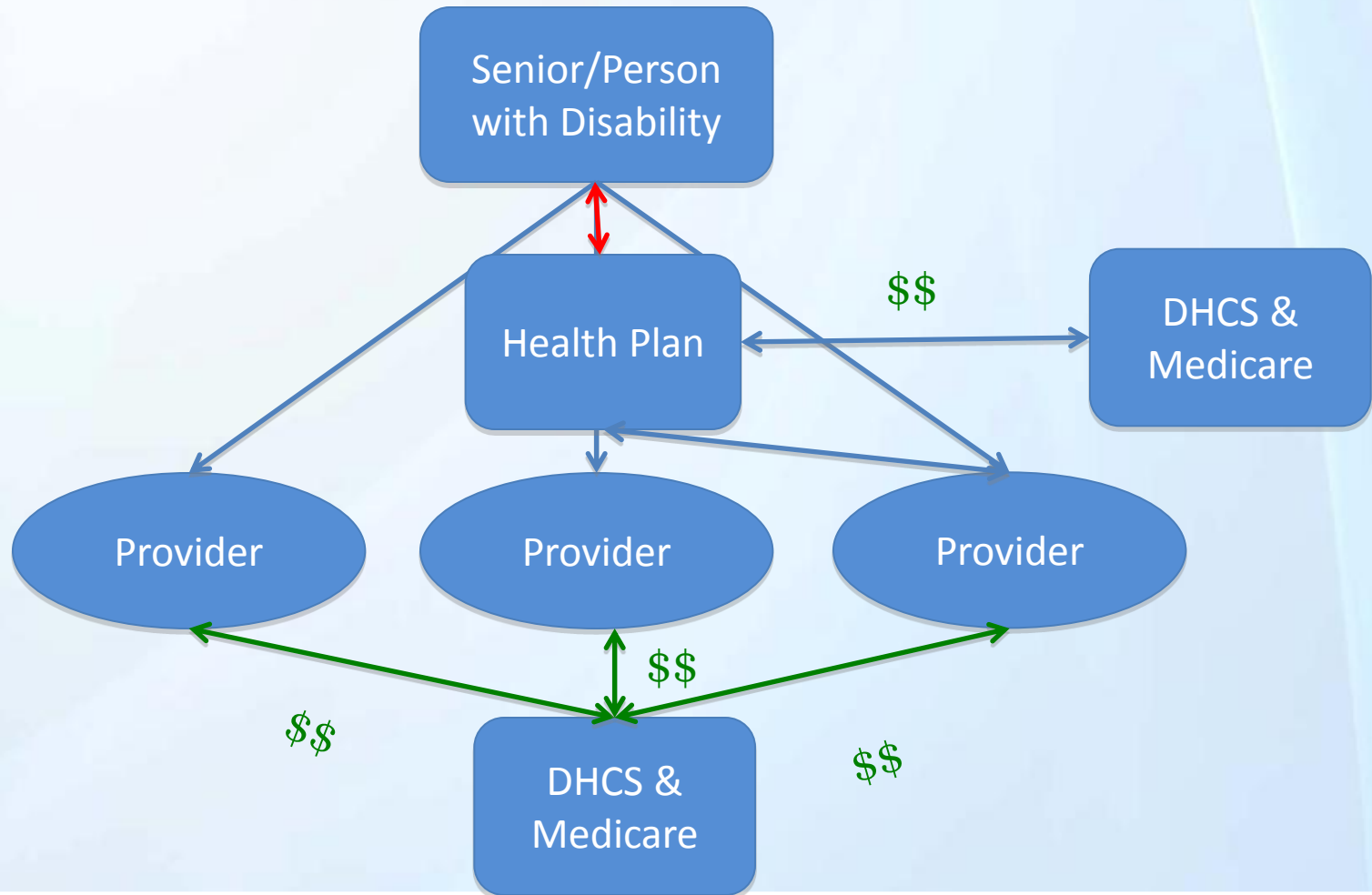
CCI moves services into managed care

What

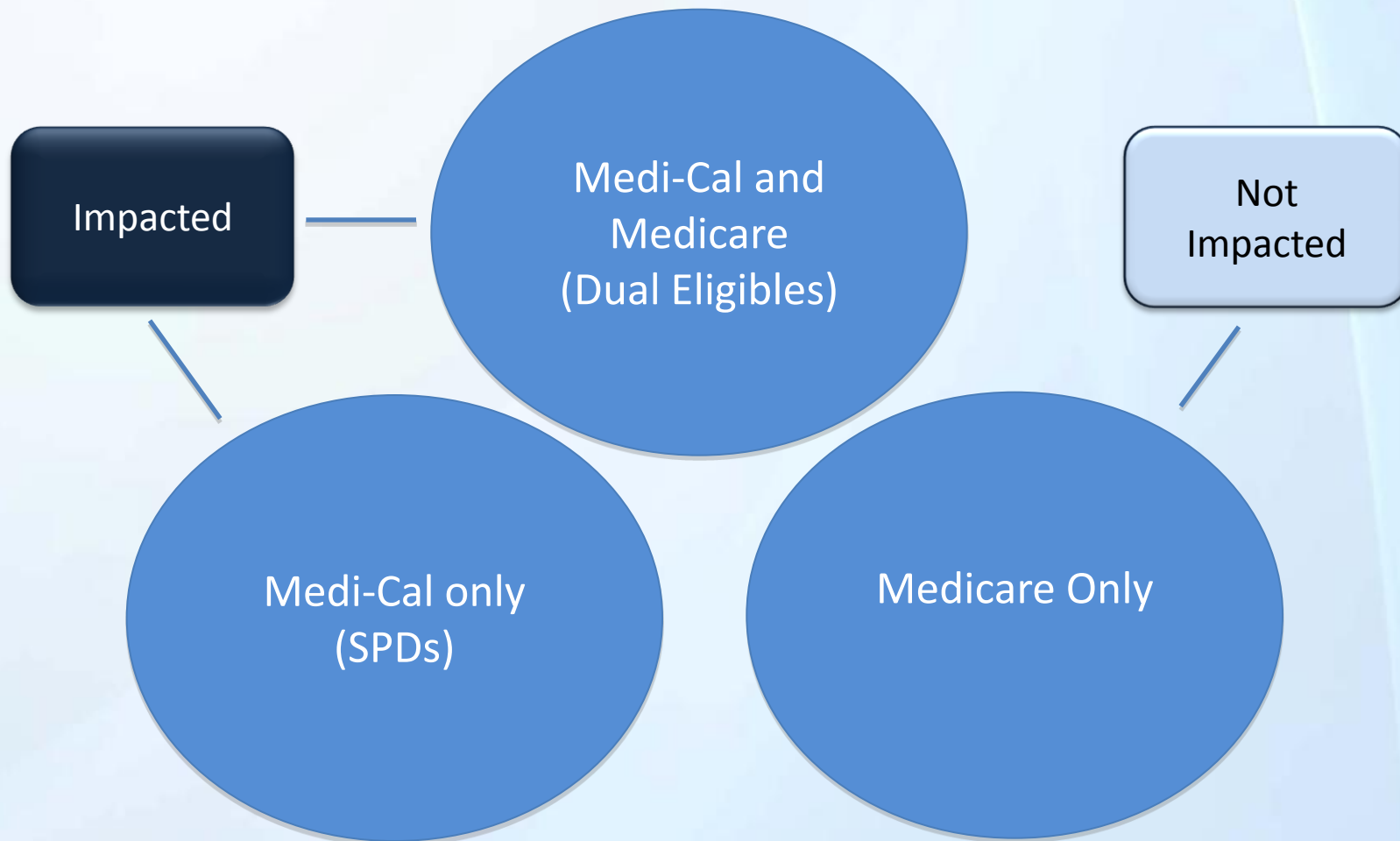


*Behavioral Health

Managed Care: Plans paid to provide covered services via network providers



CCI impacts duals & seniors and persons with disabilities with Medi-Cal



Different groups of duals and SPDs are affected differently

Who

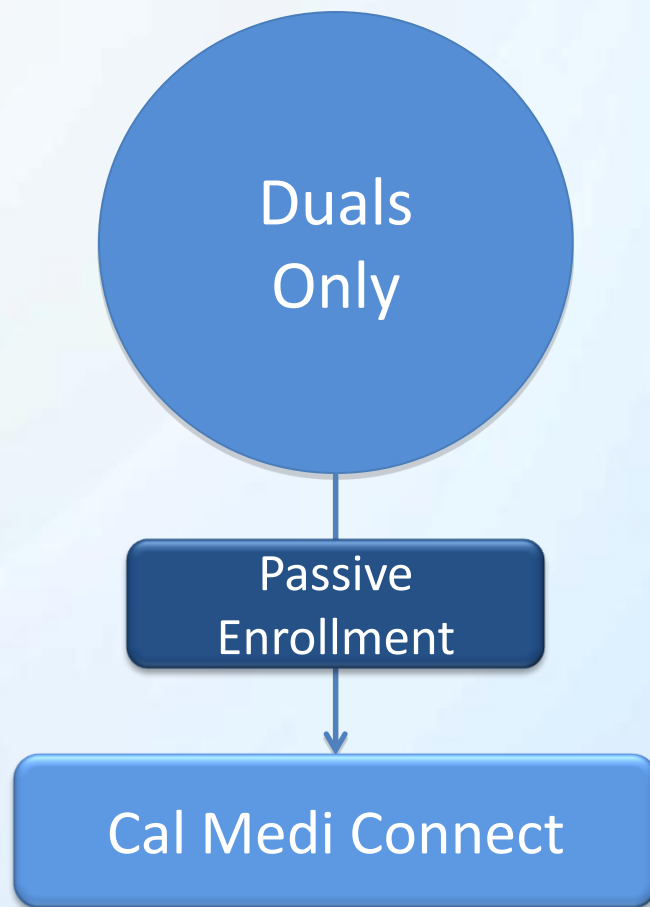
- SPDs who are already required to enroll in Medi-Cal managed care
- SPDs who will remain exempt from mandatory Medi-Cal managed care enrollment
- Dual eligibles who will be passively enrolled into Cal MediConnect
- Dual eligibles who can enroll into Cal MediConnect, but will not be passively enrolled
- Dual eligibles who cannot enroll in Cal MediConnect

Total Impact: 1,206,000

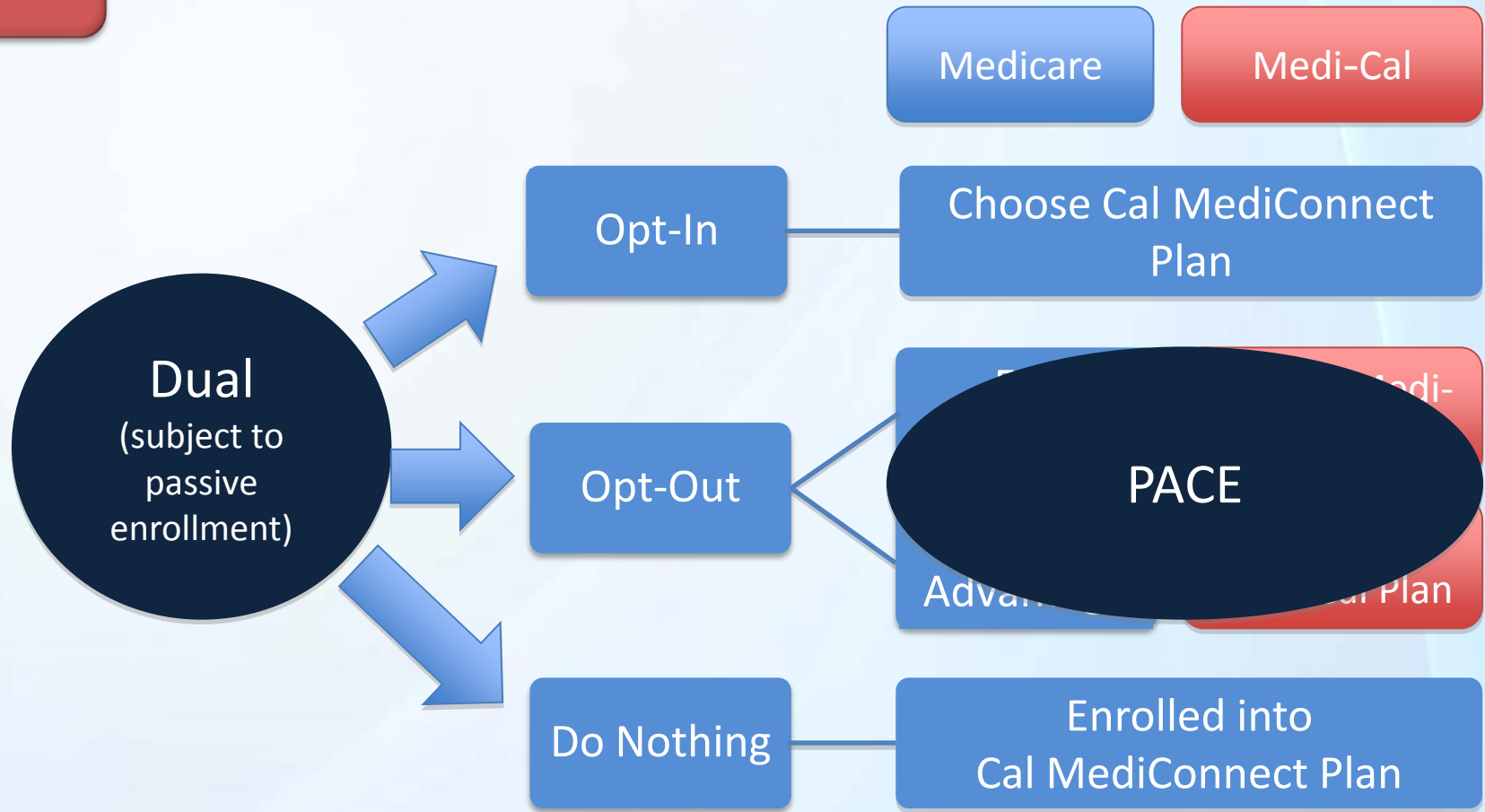
County	Duals Subject to Passive Enrollment in Cal MediConnect	Medi-Cal MC Only
Alameda	32,533	48,000
Los Angeles	288,399 (200,000 cap)	317,000
<i>Orange*</i>	<i>65,537</i>	<i>51,000</i>
Riverside	40,040	46,000
San Bernardino	41,930	54,000
San Diego	55,798	64,000
San Mateo	12,371	14,000
Santa Clara	37,739	38,000
Totals	574,347 (485,948 with cap)	632,000

Only Duals can enroll in Cal MediConnect

What

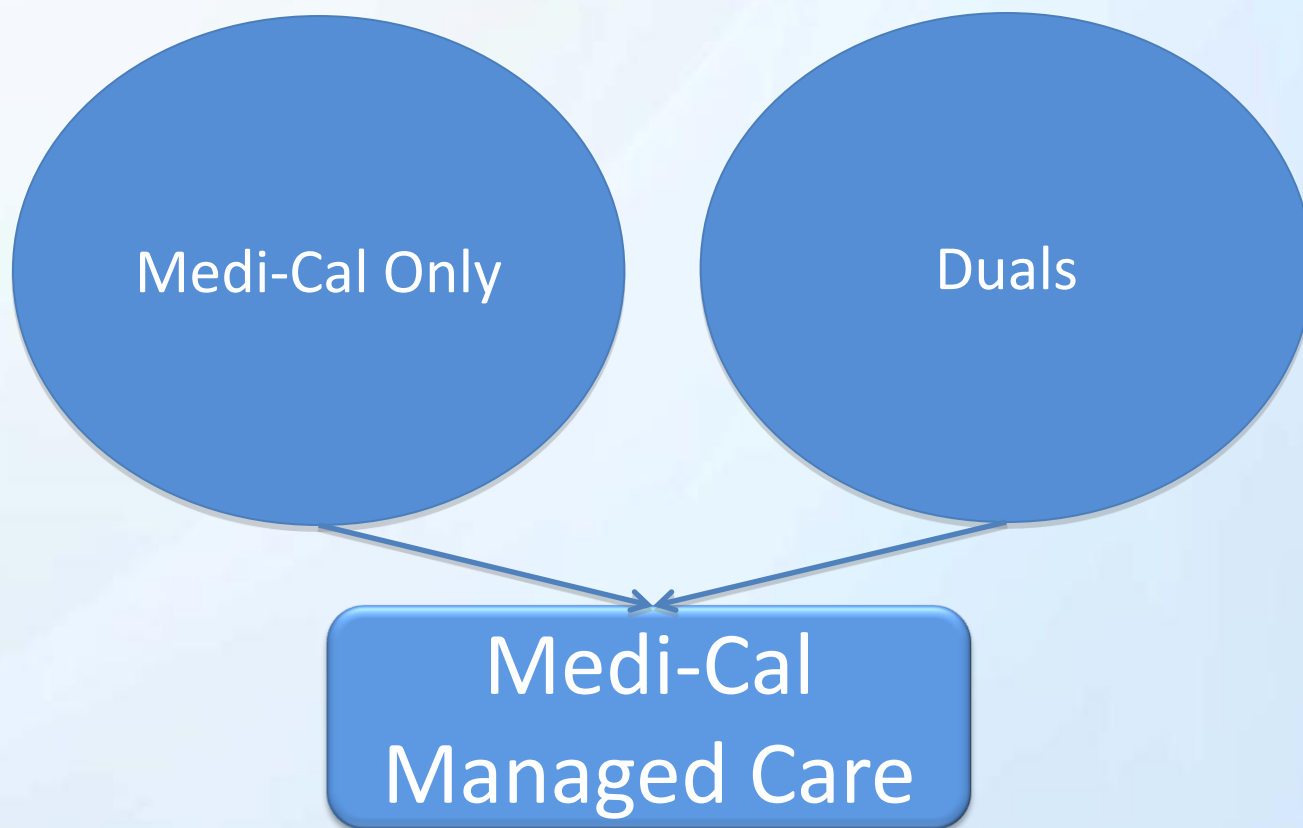


What



Medi-Cal managed care is mandatory

Even if a Dual opts out of Cal MediConnect, must still enroll in Medi-Cal MC



Medicare Advantage Passive Enrollment in 2015

- Duals in a non-CMC D-SNP or in a Medicare Advantage plan, not subject to passive enrollment.
- Duals in a CMC D-SNP subject to passive enrollment 1/1/15

MUST STILL ENROLL IN MEDICAL MANAGED CARE

Cal MediConnect Benefits

Plans Required to Provide

- Medicare A, B, D
- Medi-Cal services including
 - LTSS: IHSS, CBAS, SNF, MSSP
- Vision and Transportation
- Care Coordination

Care Plan Option Services

- HCBS-like waiver services
- Extra IHSS-like services

Provided Outside of Plan

- Specialty mental health services not covered by Medicare
- Behavioral health Drug Medi-Cal benefits
- Dental (May 2014)

CCI will be implemented in 8 counties

Where



Alameda
Los Angeles
Orange
Riverside
San Bernardino
San Diego
San Mateo
Santa Clara

Different Cal MediConnect plans available in each county

County	Plan(s)
Alameda	Alameda Alliance for Health Anthem Blue Cross
Orange	Cal Optima
San Mateo	Health Plan of San Mateo
Riverside & San Bernardino	Inland Empire Health Plan Molina Health Care
Santa Clara	Anthem Blue Cross Santa Clara Family Health Plan
San Diego	Community Health Group Care 1 st Health Net Molina

Los Angeles County

LOS ANGELES

Primary Plan(s)

LA Care

Health Net

CareMore (Anthem
Blue Cross)

Care1st

Molina

Timelines vary by County, Change and Population

When

County

Dual or SPD

Cal
MediConnect
Eligible

In Medi-Cal
Managed Care

In a MA Plan
or Reassigned
to Part D 2014

MSSP
Beneficiary

Timelines vary by County

CCI Enrollment Timeline by County and Population

**** Revised 6.6.14 pending DHCS proposed DSNP/MA policy****

Cal MediConnect enrollment begins in April 2014 with passive enrollment in San Mateo; and "opt-in" in Riverside, San Bernardino, San Diego and Los Angeles counties.

Start Date	Cal MediConnect (Passive enrollment)				MLTSS (Mandatory enrollment)									
	Full Duals Only				Full Duals in Medi-Cal FFS ²				Full Duals in Medi-Cal Managed Care			MSSP	Partial Duals/Medi-Cal only	
	Medicare FFS and in Medi-Cal Managed Care (enrolled in one month)	Medicare FFS and Medi-Cal FFS (enrolled by birth month) ²	MSSP Benes eligible for Cal Medi-Connect (enrolled in one month)	CMC DSNP / Part D LIS Benes (enrolled in one month)	Opt out of CMC and in Medi-Cal FFS (enrolled by birth month)	Excluded from CMC (ESRD, 1915c waiver, etc.) and in Medi-Cal FFS (enrolled by birth month)	Full Duals in a CMC plan DSNP/ any LIS reassignees in Medi-Cal FFS (enrolled in one month)	In a non CMC DSNP plan or any MA plan sponsored by any health plan (enrolled by birth month) ⁴	Full Duals in Medi-Cal managed care plan (benefit added in one month) ¹	Excluded from CMC (ESRD, 1915c waiver, etc.) and in Medi-Cal Managed Care (benefit added in one month) ¹	MA benes or LIS reassignees in Medi-Cal Managed Care (benefit added in one month) ¹	MSSP Beneficiaries in Medi-Cal managed care or Medi-Cal FFS (enrolled in one month)	Medi-Cal Managed Care (benefit added in one month)	Medi-Cal FFS (enrolled by birth month) ²
4/14	San Mateo		San Mateo						Los Angeles, Riverside, San Bernardino, San Diego, and San Mateo	Los Angeles, Riverside, San Bernardino, San Diego, and San Mateo	Los Angeles, Riverside, San Bernardino, San Diego, and San Mateo	San Mateo (Full Duals in MA plan or excluded from CMC)		
5/14	Riverside, San Bernardino, and San Diego	Riverside, San Bernardino, and San Diego ³			Riverside, San Bernardino, and San Diego									
7/14	Los Angeles	Los Angeles			Los Angeles				Santa Clara	Santa Clara	Santa Clara	San Mateo (Partials and Medi-Cal only)	Los Angeles, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara	
8/14						Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara							Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara	
10/14			Los Angeles, Riverside, San Bernardino, and San Diego				Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara					Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara		
1/15	Santa Clara, Alameda, and Orange	Santa Clara and Alameda	Alameda, Santa Clara and Orange	All Eight Counties	Alameda and Santa Clara	Alameda	All Eight Counties	Alameda	Alameda and Orange	Alameda and Orange	Alameda and Orange	Alameda and Orange	Alameda and Orange	Alameda

1. Enrollees already in a Medi-Cal managed Care plan will receive one notice prior to the change in benefit.
2. There are no FFS Medi-Cal Enrollees in Orange and San Mateo counties.
3. Enrollees with April and May birthdays will be enrolled in May 2014. Then follow enrollment schedule by birth month.
4. Those with Aug-Oct birthdays will be enrolled Oct 2014. Nov-July birthdays will be by birth month. There are no FFS Medi-Cal enrollees in Orange and San Mateo counties.

Most beneficiaries will receive three notices

When

90 Day

60 Day

30 Day

ENROLLMENT

January Enrollment

10/1/14

11/1/14

12/1/14

ENROLLMENT
1/1/15

July DOB

4/1/14

5/1/14

6/1/14

ENROLLMENT
7/1/14

90 Day

- Informational Notice

60 Day



- Notice with Default Plan
- Cal MediConnect Guidebook (Choice Booklet and Choice Form Included)
- Provider Directory


30 Day

- Final Reminder Notice

90-Day Cal MediConnect Notice

State of California Health and Human Services

 **CalMediConnect**
Your choice for complete care 

▶ ? -  ◀

JOHN SAMPLE
1234 SAMPLE STREET
ADDRESS 2
ANYTOWN CA 90000

XX/XX/XXXX

Important Information

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.


What is a Cal MediConnect plan?

A Cal MediConnect plan is a Medicare/Medi-Cal plan that will manage your Medicare and Medi-Cal benefits. Enrolling in a Cal MediConnect plan means that you keep your Medicare and Medi-Cal benefits with no extra cost but you must use your Cal MediConnect providers. You can also get additional transportation and vision benefits.

What are my plan choices?

You will get more information about your health plan choices soon. You may choose a Cal MediConnect plan, or choose to stay with regular Medicare. If you choose to stay with regular Medicare, you must choose a Medi-Cal health plan for your Medi-Cal benefits. If you do not make a choice, we will choose one of the Cal MediConnect plans for you. You keep the benefits and services you have now, and the Cal MediConnect plan will work with your doctors and providers.

This is the first letter telling you about your new choices. You will get a second letter with more information about your choices soon. You may choose a Cal MediConnect plan in your county, or choose to stay with regular Medicare.



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Your choices are:

- Enroll in a Cal MediConnect plan.** These health plans cover both Medicare and Medi-Cal services. If you join a Cal MediConnect plan you will receive In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and nursing home care through the Cal MediConnect plan. They also cover vision care and transportation. The Cal MediConnect plan will work with you, your doctors and providers to ensure you get the care you need.
- Enroll 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.
- Enroll in a Medi-Cal health plan only. Your Medicare will stay the way it is now.** If you join a Medi-Cal health plan you keep your Medicare doctors and hospitals, and you will receive your Medi-Cal benefits like In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and nursing home care through the Medi-Cal health plan.

How does a Cal MediConnect plan help me?


A Cal MediConnect plan helps you because your Medicare and Medi-Cal benefits work together and work better for you.

Your doctors, pharmacists, IHSS, CBAS, MSSP, and other providers work together to care for you and coordinates who assists you in getting the care and services that you need. This is called "care coordination."

What should I do now?

- Talk about your choices with someone who knows about your health care needs, like your family, your doctors, or your local senior center and/or Independent Living Center.
- Watch your mail for a packet from Health Care Options in about one month.
- If you want to talk to a health insurance counselor about 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
1-844-580-7272 • TTY: 1-800-430-7077
Monday - Friday, 8 am - 5 pm
www.HealthCareOptions.dhcs.ca.gov



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60-Day Cal MediConnect Notice



CalMediConnect
Your choice for complete care



JOHN SAMPLE
1234 SAMPLE STREET
ADDRESS 2
ANYTOWN CA 90000

XX/XX/XXXX

Important Information

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

Based upon your past services and health care needs, you have been assigned to the Cal MediConnect 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]

How will this change affect me?

Enrolling in a Cal MediConnect plan will:

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

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How does a Cal MediConnect plan help me?

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

Your choices include:

1. **Enrolling in a Cal MediConnect plan.** Cal MediConnect plans cover both Medicare and Medi-Cal services. If you join a Cal MediConnect plan, you will receive In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and nursing home care through the Cal MediConnect plan. They also cover vision care and transportation. The Cal MediConnect plan will work with your doctors and providers to ensure you get 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.** If you choose to stay with regular Medicare, you will not be assigned to a Cal MediConnect plan, but you must still choose a health plan in order to receive Medi-Cal. Joining a Medi-Cal plan will allow you to keep your Medicare doctors and hospitals and you will not lose any services. You will receive In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and nursing facility care through the plan.

What should I do now?

Review the three choices above and decide which is best for you. Use the Health Plan Guidebook and Choice Book that will come 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 below.

If you do not want to enroll in [Health Plan Name,] you can contact Health Care Options to select a different Cal MediConnect plan or to stay in 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 will come in the mail from Health Care Options.

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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 have questions about Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you want to select a different Cal MediConnect plan, stay in regular Medicare, or get this letter in another language or alternate format – like large print, audio, or Braille, please call Health Care Options Monday-Friday 8am-5pm at 1-844-580-7272 or TTY: 1-800-430-7077.

If you need further help, call the **Cal MediConnect Ombudsman** at 1-855-501-3077. This number will be operational starting 4/1/2014.

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Part D Insert



Cal MediConnect and Medicare Part D

When you join a Cal MediConnect plan, you will get health care and prescription drugs from your new plan. Your current Medicare Part D prescription drug plan will send you a letter telling you that your prescription drug plan will not cover your prescription drugs. You will not lose your prescription drug coverage.

Here is some more important information about the changes to your drug coverage.


- Soon, you will receive all of your Medi-Cal and Medicare benefits, **including Medicare Part D**, from the Cal MediConnect plan we tell you about in the other letter in this envelope.
- Your Cal MediConnect plan will become your new Medicare Part D plan, which means that coverage in your current prescription drug plan will end. You cannot keep your current Part D plan and be in a Cal MediConnect plan at the same time.
- You will continue to receive your prescription drug benefits from your current plan until your new prescription coverage from the Cal MediConnect plan starts. You will not lose your prescription drug coverage at any time.
- If you do not want to be in Cal MediConnect, you may keep your Medicare the same and stay in your current prescription drug plan. You will still have to select a Medi-Cal plan for your Medi-Cal benefits. You just need to let Health Care Options know your decision.


More information about your Cal MediConnect plan and other health care choices is included with this insert.


If you want to talk to a health insurance counselor for free about these changes and your choices, call the California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222 or TTY 711.

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 Customer Service Monday–Friday, 8:00 a.m.–5:00 p.m. at 1-844-580-7272, or TTY: 1-800-430-7077 (for people who are deaf, hard of hearing, or speech impaired).

90-Day Medi-Cal Managed Care Notice

 State of California — Health and Human Services
Department of Health Care Services
P.O. Box 989009, West Sacramento, CA 95798-9850



▶  ◀

JOHN SAMPLE
1234 SAMPLE STREET
ADDRESS 2
ANYTOWN CA 90000

XX/XX/XXXX

Important Information

The way you get Medi-Cal services is changing. You **must** enroll in a Medi-Cal managed care health plan to receive Medi-Cal services. The reason for this change is to help bring your Medi-Cal services together in one place.

Please read this notice carefully. You do not need to do anything yet. We will send you more information and health plan enrollment materials in about one month. If you are in Medicare, this change does not affect your Medicare coverage or your ability to see your Medicare doctor.


What services will you get from your Medi-Cal health plan?

Your Medi-Cal health plan will coordinate all of your Medi-Cal covered services.

- If you are in Medicare, your Medi-Cal health plan will pay for certain Medicare cost-sharing, certain additional benefits (such as prescription drugs not covered by Medicare), some transportation, and certain Long Term Services and Supports.
- If you just have Medi-Cal, your Medi-Cal health plan will be responsible for all of your medical care, some transportation, and certain Long Term Services and Supports.

What are Medi-Cal Long Term Services and Supports?

- **In-Home Supportive Services (IHSS)** are personal care services for people who need help to live safely in their homes. If you currently get IHSS, you do not have to change your IHSS providers and you can still hire, fire, and manage your providers.
- **Community-Based Adult Services (CBAS)** is daytime health care at centers that provide nursing, therapy, activities and meals for people with certain chronic health conditions.

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- **Multipurpose Senior Services Program (MSSP)** provides social and health care coordination services for people age 65 and older. If you get MSSP, your health plan will work with your MSSP providers to better coordinate your care. If you currently get MSSP, you do not have to change your MSSP provider.
- **Nursing home care:** If you get care in a nursing home, your health plan will work with your doctor and nursing home to better coordinate your care. If you are currently in a nursing home, you do not have to change your nursing home.
- If you do not get these services now, your health plan can help you get them in the future, if you need them.

Can I see my Medicare doctors after I enroll in a Medi-Cal health plan?

Yes, if you have Medicare, your Medicare providers will not change.

Can I see my Medi-Cal doctors after I enroll in a Medi-Cal health plan?

If you have Medi-Cal only, you will need to check with your health plan to determine if your providers work with the health plan. Generally, you are able to see your current doctors for 12 months.

Enrolling in a Medi-Cal health plan:

- Does NOT change your Medicare services or benefits.
- Does NOT change your Medi-Cal eligibility or cost you extra.
- Does NOT cut any of your Medi-Cal services or benefits.

When do I need to enroll in a Medi-Cal health plan?

You will be receiving more information about your choices for a Medi-Cal health plan. If you do not make a choice, you will be enrolled in a Medi-Cal health plan starting MM/DD/YYYY.

What should I do now?

- Talk about your choices with someone who knows about your health care needs, like your family, friends, your doctors, or your local Long Term Services and Supports providers.
- Watch your mail for a packet from Health Care Options in about one month.

For help or more information


If you need this letter in another language or alternate format, like large print, audio, or Braille; or if you need help enrolling in a health plan please call:


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Monday - Friday, 8 am - 5 pm
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60-Day Medi-Cal Managed Care Notice

 State of California — Health and Human Services
Department of Health Care Services
P.O. Box 989009, West Sacramento, CA 95798-9850



▶  ◀

JOHN SAMPLE
1234 SAMPLE STREET
ADDRESS 2
ANYTOWN CA 90000

XX/XX/XXXX


Important Information

The Way You Get Your Medi-Cal Benefits is Changing on [MM/DD/YYYY]
You must enroll in a Medi-Cal managed care plan to receive your Medi-Cal services. The reason for this change is to help bring your Medi-Cal services together in one place. This is the second letter telling you about your options for choosing a Medi-Cal plan. Based upon your past services and health care needs, you have been assigned to the Medi-Cal plan named below. **Unless you make a different Medi-Cal plan choice, you will be enrolled in the health plan below on**
MM/DD/YYYY: NAME OF PLAN
If you have Medicare, this change does not affect your Medicare coverage or your ability to see your Medicare doctor.

How will this change affect me?

- Your Medi-Cal plan will coordinate all of your Medi-Cal covered services.
- Your Medicare services and providers will NOT change.
- Your Medi-Cal services and benefits will NOT change.
- Your Medi-Cal eligibility does NOT change and it will not cost you extra.

Check with your health plan to determine if your providers work with your selected Medi-Cal plan.

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What services will you get from your Medi-Cal health plan?

Your Medi-Cal plan will coordinate all of your Medi-Cal covered services, including Long Term Services and Supports.

- If you are in Medicare, your Medi-Cal health plan will pay for certain Medicare cost-sharing and other benefits that are not covered by Medicare, such as some transportation, certain medical supplies, and certain prescription drugs.

What are Medi-Cal Long Term Services and Supports?

- **In-Home Supportive Services (IHSS)** are personal care services for people who need help to live safely in their homes. If you currently get IHSS, you do not have to change your IHSS providers and you can still hire, fire, and manage your providers.
- **Community-Based Adult Services (CBAS)** is daytime health care at centers that provide nursing, therapy, activities, and meals for people with certain chronic health conditions.
- **Multipurpose Senior Services Program (MSSP)** provides social and health care coordination services for people age 65 and older. If you currently get MSSP, your health plan will work with your MSSP provider to better coordinate your care. You do not have to change your MSSP provider.
- **Nursing home care:** If you get care in a nursing home, your health plan will work with your doctor and nursing home to better coordinate your care. If you are currently in a nursing home, you do not have to change your nursing home.

If you do not get these services now, your Medi-Cal plan can help you get them in the future, if you need them.

When will I be enrolled in a Medi-Cal health plan?

You will be enrolled in a Medi-Cal health plan starting MM/DD/YYYY.

Can I choose a different Medi-Cal health plan?

Yes. You will soon get a packet of health plan information in the mail. Read the materials in this packet. This packet includes:

- A Choice Book that has instructions on how to choose and enroll in a Medi-Cal managed care health plan in your county.
- Provider directories that list the doctors who work with each plan.

What should I do now?

- Share this letter and information with your family or someone who knows about your health care needs.
- Talk to your doctors and other health providers to see which health plans they work with.
- If you have Medicare, please call the **California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222 (TTY 711)**.
- To choose a different health plan, call Health Care Options Monday-Friday 8am-5pm at 1-844-580-7272 or TTY: 1-800-430-7077 by MM/DD/YYYY.

For help or more information

If you have questions about Medicare, please call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you want to select a different Medi-Cal plan, and/or get this letter in another language or alternate format – like large print, audio, or Braille, please call Health Care Options Monday-Friday 8am-5pm at 1-844-580-7272 or TTY: 1-800-430-7077.

Should your client enroll in Cal MediConnect?

Wrap Up

Whether to enroll in Cal MediConnect is an individual choice

Factors to Consider in Making Decision to Enroll in Cal MediConnect

- Does plan have networks that include client's current medical providers?
- Does plan have strong relationship with social service providers?
- Does client have a course of treatment that should not be interrupted?
- How important are the additional benefits of vision and transportation to client?
- Will a plan improve your client's care coordination?

Cal MediConnect Choice Form

Health Plan Choice Form

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



For free help filling out this form, call **1-844-580-7272**

Please print all CAPITAL LETTERS. Use a blue or black pen. Fill in the or completely to show your choice.

JOHN SAMPLE
1 First Name, Last Name
1234 SAMPLE STREET SAMPLE CITY
Address, City
9 9 9 9 9 1 2 - 1 4 - 1 1
Zip Code Date of Birth
Sex: Male Female If pregnant, due date
(Area Code) Phone Number Month Day Year

PLEASE READ the Instructions and Guidebook before completing this form

3 Cal MediConnect Plans:
 803 Care1st
 804 CommuniCare Advantage
 805 Health Net
 806 Molina Dual Options

5 Medi-Cal Plans:
 029 Community Hlth Grp Partner
 068 Health Net Comm Solutions
 079 KP Cal, LLC
 131 Molina Healthcare Partner
 167 Care1st Partner Plan, LLC

4 Health plan doctor or clinic code. (See instructions)

6 If you are changing your health plan, enter your plan change reason code number. (See instructions)

7 PACE Plan:
 057 St. Paul's PACE

STOP! Read the important information on the back before you sign this form.

I understand that by filling out and signing this form, I am choosing how to get my health care.

Beneficiary's signature _____ Date _____ OR Authorized Representative Signature (if any) _____ Date _____

Highly Confidential

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Choose a Cal MediConnect Plan: Fill out only Section 3

To "Opt-Out" of Cal MediConnect, fill out number 5 ONLY. If you're already in a Medi-Cal plan, choose the Medi-Cal plan you are already in

To choose PACE, fill out 7 AND EITHER 3 or 5 as a backup

Local advocates can help individuals

Wrap Up

- HICAP
1-800-434-0222
- CCI Ombudsman
1-855-501-3077

To make an enrollment decision, beneficiaries call Health Care Options: 1-844-580-7272

What can you do?

Wrap Up

- Influence program development
 - Stakeholder meetings
 - Talk to plan
 - Legislative advocacy
- Prepare to provide counsel
- Report problems

Want to know more?

- NSCLC Duals Website
 - Advocate's Guide
 - News
- Sign up for alerts:
<http://dualsdemoadvocacy.org/california>
- Contact us:
 - Amber Cutler – acutler@nsclc.org
 - Silvia Yee – syee@dredf.org
- Disability Rights Education & Defense Fund (DREDF)
 - www.dredf.org
- Department of Healthcare Services
 - www.calduals.org