



## Medi-Cal Managed Care and Community Based Adult Services

### FREQUENTLY ASKED QUESTIONS

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July 11, 2012

Medicare / Medi-Cal (dual) beneficiaries who are eligible for Community Based Adult Services (CBAS) have received letters from the California Department of Health Care Services instructing them on how to enroll in a Medi-Cal Managed Care (MCMC) plan to keep their CBAS (formerly ADHC) Medi-Cal benefit. **As of October 1, 2012, CBAS will only be available as a Medi-Cal Managed Care benefit.** This will not change the Medicare insurance benefit. The Medicare doctor and specialists will continue to serve the dually eligible CBAS patient. Understandably, this transition to CBAS as a managed care benefit has been confusing. These frequently asked questions will help you understand what is happening. **Enrollment in Medi-Cal Managed Care must be done by September 18, 2012 to assure uninterrupted services at the CBAS center.** If no choice is made, then the state will select and enroll you in a plan.

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

A. Medicare is your main health insurance that pays for all your medical services such as doctor visits, hospital stays and laboratory work. This is a federal program for people over the age of 65 or others who qualify because of disability.

Medi-Cal is a California state health insurance program that pays for things Medicare does not cover such as CBAS, long term nursing home days, non-emergency medical transportation and some co-payments and other charges that Medicare would otherwise collect from you. This is often called “regular” Medi-Cal or “fee-for-service” Medi-Cal.

#### Q. What is Medi-Cal Managed Care?

A. Medi-Cal also delivers services through public and private managed care plans that have contracts with the state. This is called **Medi-Cal Managed Care** and exists in 30 out of 58 counties in the state. These plans are responsible for providing Medi-Cal services and coordinating care to prevent and manage health problems. Often there is a care manager assigned to the plan member to help with this coordination.

#### Q. Besides CBAS what else does Medi-Cal Managed Care cover that I cannot get in “regular” Medi-Cal?

A. Medi-Cal Managed Care is required to offer the same benefits as in “regular” Medi-Cal and may also provide additional benefits, such as vision care and dental services, which Medicare does not cover and “regular” Medi-Cal no longer covers. Managed care plans also provide care coordination and case management services.

**Q. Will I need to give up my Medicare primary care physician (PCP) if I enroll in Medi-Cal Managed Care?**

A. If your PCP is a Medicare provider you do not need to change doctors. You will continue to see your personal Medicare doctor and they will continue to bill Medicare because Medicare is your primary health insurance. The doctor does not need to be part of the Medi-Cal Managed Care plan network of doctors.

**Q. Can I continue to visit my Medicare specialists if those doctors are not in the Medi-Cal Managed Care plan?**

A. If your specialist currently bills Medicare, you will continue to visit that specialist and they will continue to bill Medicare. The specialist doctor does not need to be part of the Medi-Cal Managed Care plan network of doctors.

**Q. What if my Medicare doctor is not located in the same county as the Medi-Cal Managed Care plan?**

A. Your Medicare insurance has no restriction on where you go to see a doctor.

**Q. Will the Medi-Cal Managed Care plan assign me a Medi-Cal doctor even though I already have a Medicare doctor?**

A. The Medi-Cal Managed Care plans will not assign you to a Medi-Cal doctor since you already have your Medicare doctor. The plans have other people who can authorize the Medi-Cal services you need such as CBAS. Your ADHC/CBAS center will continue to coordinate your medical care with your Medicare doctor. If you are assigned to a Medi-Cal Primary Care Physician, contact your Medi-Cal Managed Care plan so they know you already have a Medicare doctor.

**Q. Do I have to pay the 20% Medicare co-payment out of my pocket if I change to a Medi-Cal Managed Care plan?**

A. No. It is not legal for your Medicare doctor to charge you for a Medicare co-payment today, and they must not charge you for a co-payment if you enroll in Medi-Cal

Managed Care. All your Medicare services stay the same because Medicare is your primary health insurance. If the doctor bills Medi-Cal today for a co-payment they will continue to bill Medi-Cal through the Managed Care plan and be reimbursed according to existing rules about how much Medi-Cal is authorized to pay toward the co-payment. But, the doctor does not have to belong to a Managed Care network.

**Q. Can I get out of Medi-Cal Managed Care if I already enrolled and then changed my mind?**

**A.** Yes. You may disenroll from Medi-Cal Managed Care at any time and go back to regular Medi-Cal. However, if you do so you will no longer be able to attend Community Based Adult Services (CBAS) as of October 1. CBAS is available only through a Medi-Cal Managed Care plan in counties where managed care is available. If managed care is not available CBAS continues to be provided under regular Medi-Cal.

**Q. How soon must I enroll in a Medi-Cal Managed Care plan so I can keep attending CBAS?**

**A.** **The deadline to enroll** in a Medi-Cal Managed Care plan (even if you also have Medicare coverage) **is September 18, 2012**, if you live in one of the following 16 counties. Choosing a plan will allow you to keep your CBAS benefit:

Alameda	Contra Costa	Fresno	Kern
Kings	Los Angeles	Madera	Riverside
Sacramento	San Bernardino	San Diego	San Francisco
San Joaquin	Santa Clara	Stanislaus	Tulare

**If you live in one of the following 14 counties, you are already enrolled in Medi-Cal Managed Care** through your county organized health system (even if you also have Medicare coverage) and do not need to do anything to keep your CBAS benefit:

Marin	Mendocino	Merced	Monterey
Napa	Orange	San Luis Obispo	San Mateo
Santa Barbara	Santa Cruz	Solano	Sonoma
Ventura	Yolo		

**If you live in a county not listed above, no Medi-Cal Managed Care plan is available so ADHC services will continue to be through regular Medi-Cal fee-for-service.**

For general informing materials, enrollment forms, plan comparison charts, etc., visit the Department of Health Care Services **Health Care Options** website at <http://www.healthcareoptions.dhcs.ca.gov/HCOCS/Enrollment/> or call **1-800-430-4263**.

**Q. Are there some Medi-Cal services that Medi-Cal Managed Care has to authorize besides CBAS?**

A. Yes, but only for the services that Medicare does not cover but Medi-Cal does, such as CBAS, or non-emergency medical transportation. The Medi-Cal Managed Care plan must authorize these services just as regular Medi-cal does today.

**Q. My transportation provider told me that if I sign up for Medi-Cal Managed Care I will no longer get my non-emergency transportation paid for by Medi-Cal. Is this true?**

A. No, Managed Care covers non-emergency transportation, but if the transportation provider that you use today does not have a contract with the Medi-Cal Managed Care plan that you choose, you may need to use a different transportation provider. The provider should contact the Medi-Cal Managed Care plan to find out how to be paid.

**Q. If I am already enrolled in a Medicare Advantage Plan (HMO) and my doctor is not part of the Medi-Cal Managed Care plan what happens then?**

A. If your Medicare Advantage plan (which is Medicare’s version of managed care) does not have a Medi-Cal Managed Care plan, you will not be enrolled into Medi-Cal Managed Care, and therefore continue to receive CBAS as a Fee-for-Service benefit as you do today.

If your Medicare Advantage Plan does participate as a Medi-Cal Managed Care Plan provider, you will be enrolled in Medi-Cal Managed Care because the two plans match up. This is ideal. So, as an example, if you have a Medicare Advantage plan through Kaiser or Anthem Blue Cross, and they are one of the Medi-Cal Managed Care plans in your county, you will choose that plan so your Medicare benefit will be better coordinated with your Medi-Cal benefit.

**Q. The Medi-Cal Managed Care enrollment form asks for a “Doctor/Clinic Code,” but which doctor’s name do I put?**

A. The Medi-Cal Managed Care enrollment form is not designed for people who have both Medicare and Medi-Cal. Leave the space for Doctor/Clinic Code blank – it is not required since you already have a Medicare doctor.

**Q. The Medi-Cal Managed Care enrollment form asks for a “Plan Change Reason Code,” but I am not changing plans, I am signing up for a plan for the first time. Which reason code do I put?**

**A.** The Medi-Cal Managed Care enrollment form is not designed for people who have both Medicare and Medi-Cal. Since this is the first time you are enrolling in a Medi-Cal Managed Care plan, the “Plan Change Reason Code” does not apply to you, leave it blank – it is not required.

**Q. Can I change from one Medi-Cal Managed Care plan to another at a later time?**

**A.** Yes, if you are dissatisfied you may change your plan at any time; however, the choice is effective the 1st of the following month so it could take 30-45 days for the change to take effect.

**Q. Are there any restrictions on how often I can change plans if I am unhappy with the plan for some reason?**

**A.** Not at this time. You can change Medi-Cal Managed Care plans at any time. There are some practical timing issues, however. A change made within the last 5-10 days of the month could potentially mean the new plan will not be in effect until the month after (40-45 days). Each time a change is processed a confirmation letter of that change with an effective date is mailed to you.

**Q. I have heard something about a new demonstration project that will combine Medicare and Medi-Cal benefits into Medi-Cal Managed Care. How does that affect me?**

**A.** You are correct. The Legislature approved a new demonstration project to be conducted in 8 counties beginning in 2013. **This will require enrollment into Medi-Cal Managed Care for any Medicare/Medi-Cal person living in the counties of Alameda; Los Angeles; Riverside; San Bernardino; Santa Clara and San Diego. Those living in Orange and San Mateo counties are already automatically enrolled in Medi-Cal Managed Care so nothing further needs to be done.**

Beginning in **December 2012**, the state will begin sending notices out to ask those living in the demonstration counties above to enroll in Medi-Cal Managed Care (except for Orange and San Mateo Counties). There will be few exceptions granted to enrollment. **For CBAS eligible persons, it is far better to enroll now in Medi-Cal Managed Care to keep getting your CBAS benefit and to avoid the “rush” of hundreds of thousands of people enrolling in 2013.**