Medi-Cal Managed Care and Community-Based Adult Services Frequently Asked Questions

Community-Based Adult Services (CBAS) will no longer be a benefit of Medi-Cal fee-for-service (FFS) as of **November 1, 2012**. To continue receiving CBAS on and after November 1, 2012, Medi-Cal beneficiaries must be enrolled in a Medi-Cal managed care health plan. This transition to managed care affects Medi-Cal beneficiaries who live in the 14 counties that operate under the Two-Plan model and the two counties that operate under Geographic Managed Care (GMC), with a few exceptions. Below are the affected counties:

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

CBAS participants residing in these counties have received multiple notices explaining the following choices available to them:

1. Select a Medi-Cal managed care health plan by September 18, 2012.
2. Choose to stay in Medi-Cal FFS.
3. Make no choice and be automatically enrolled in a managed care plan.

If the CBAS participant chooses to stay in FFS Medi-Cal, he or she will NOT be eligible for CBAS on or after November 1, 2012. This outcome might not be what many CBAS participants anticipated, and some may have received erroneous information that guided them to their decision. The following Frequently Asked Questions (FAQs) are designed to answer common beneficiary questions and clarify possible misconceptions.

Q1. 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 age 65 and others who qualify because of disability.

Medi-Cal is a California health insurance program that pays for services Medicare does not cover, such as CBAS, long-term stays in nursing homes, non-emergency medical transportation, and some copayments and other charges that Medicare would otherwise collect from you.

Q2. What is Medi-Cal managed care?

A. Medi-Cal delivers services through public and private health plans that have contracts with the state. This is called Medi-Cal managed care, which currently exists in 30 of the state's 58 counties. These health 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.

Q3. Besides CBAS, what else does Medi-Cal managed care cover that I cannot get in FFS Medi-Cal?

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

Q4. Will I need to give up my Medicare primary care physician if I enroll in Medi-Cal managed care?

A. If your primary care physician is a Medicare provider, you do not need to change doctors. You can continue to see your personal Medicare doctor, and they can continue to bill Medicare because Medicare is your primary health insurance. The doctor does not need to be part of the network of doctors for a Medi-Cal managed care plan.

Q5. 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 can continue to visit that specialist and they can continue to bill Medicare. The specialist doctor does not need to be part of the network of doctors for a Medi-Cal managed care plan.

Q6. 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 can go to see a doctor.

Q7. 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 plan 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 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.

Q8. Do I have to pay the 20% Medicare copayment out of my pocket if I change to a Medi-Cal managed care plan?

A. No. It is illegal for your Medicare doctor to charge you for a Medicare copayment, and your doctor must not charge you for a copayment if you enroll in Medi-Cal managed care. All your Medicare services stay the same because Medicare is your primary health insurance. If doctors bill Medi-Cal for a copayment, 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. However, the doctor does not have to belong to a managed care plan.

Q9. 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 fee-for-service Medi-Cal. However, if you do so, you will no longer be eligible to receive CBAS services. 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 fee-for-service Medi-Cal.

Q10. 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 (COHS) (even if you also have Medicare coverage), and you 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 CBAS services will continue to be provided through fee-for-service Medi-Cal.

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

Q11. 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, such as CBAS or non-emergency medical transportation. The Medi-Cal managed care plan must authorize these services, just as fee-for-service Medi-Cal does today.

Q12. 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 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 contract with the Medi-Cal managed care plan to be paid.

Q13. If I am already enrolled in a Medicare Special Needs Plan (HMO) and my doctor is not part of the Medi-Cal managed care plan, what happens then?

A. If you are enrolled in a Medicare Advantage Health Maintenance Organization (HMO) or in a Medi-Cal Advantage Special Needs Plan (SNP), you may be exempt from enrolling in a Medi-Cal managed care plan.

If your Medicare HMO is provided by one of the local Medi-Cal managed care plans, you will be enrolled in the matching Medi-Cal plan. That way both your Medicare and Medi-Cal benefit are under the same roof. If your Medicare HMO does not match up, then you are exempt from enrolling in Medi-Cal managed care. The state did not send enrollment packets to people who are in a non-matching SNP.

Q14. Are there other exemptions from enrolling in Medi-Cal managed care?

A. Yes. Some people do not have to enroll in Medi-Cal managed care, but can keep their CBAS benefit. The state did not mail enrollment packets to anyone in these groups. These are the exemptions:

1. If you are enrolled in a Medicare SNP.
2. If you live in a Two-Plan or GMC county and have a Medi-Cal share of cost. (see Question 10 for a list of these non-COHS counties)
3. If you are enrolled in SCAN health plan or PACE (Program of All Inclusive Care for the Elderly).

Q15. The Medi-Cal managed care enrollment form asks for a "Doctor/Clinic Code," but which doctor's name do I include?

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.

Q16. 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 so leave it blank; it is not required.

Q17. Can I change from one Medi-Cal managed care plan to another at a later time?

A. Yes. If you are dissatisfied with your plan, you may change your plan at any time. However, the choice is effective on the first day of the following month so it could take 30 to 45 days for the change to take effect.

Q18. Are there any restrictions on how often I can change plans if I am unhappy with the plan for some reason?

A. No. You can change your Medi-Cal managed care plan at any time. There are some practical timing issues, however. A change made within the last five to ten days of the month could potentially mean the new plan will not take affect until the month after (40 to45 days). Each time a change is processed, a confirmation letter of that change with an effective date is mailed to you.

Q19. I have heard about a new demonstration project that will combine Medicare and Medi-Cal benefits into Medi-Cal managed care. How does that affect me?

A. The Legislature approved California's Coordinated Care Initiative (CCI) in July 2012 through Senate Bill 1008 and Senate Bill 1036. Pending federal approval, the CCI will be implemented in 2013 in eight counties: Alameda, Los Angeles, Orange, Riverside, San Bernardino, Santa Clara, San Diego, and Santa Clara.

The Coordinated Care Initiative includes two parts:

1) Mandatory enrollment of all Medi-Cal beneficiaries (including dual eligibles) into managed care for all Medi-Cal benefits, including long-term services and supports (LTSS). LTSS include In-Home Supportive Services (IHSS), Multipurpose Senior Service Program (MSSP), CBAS, and nursing facilities.
2) Optional enrollment into integrated managed care that combines Medicare and Medi-Cal benefits, known as the "duals demonstration."

For CBAS-eligible persons, it is far better to enroll now in Medi-Cal managed care to keep getting your CBAS benefit. Beginning in December 2012, the state will start sending letters about the requirement to enroll in Medi-Cal managed care. There will be few exceptions granted to Medi-Cal managed care enrollment.