



* For use by member and provider stakeholder groups; not for public distribution

Members who have both Medicare and Medi-Cal will be eligible for the Duals Demonstration, with some exceptions.

Regulators have proposed the following:

- Passive enrollment will be used for most duals; if they do not want to participate, they will have to opt out.
- Enrollment will begin June 2013. The enrollment period will run for 12 months thereafter.
- Members will be enrolled for their Medicare benefits on a rolling basis beginning June 1, 2013, three months after their birthday month. For example, members with a March birthday will enroll June 1, 2013.
- The chart below shows eligibility for participation and for passive enrollment. (Other exclusions may apply.)

Proposed Eligibility and Passive Enrollment Requirements

Population with Medicare and Medi-Cal (Must be 21 or older)	Eligible to Participate	Eligible for Passive Enrollment in 2013
Full benefit dual eligible beneficiaries (full Medi-Cal and Medicare benefits)	Yes	Yes
Full benefit dual eligible beneficiaries with Medi-Cal Share of Cost in skilled nursing facility, Multipurpose Senior Services Program (MSSP) or In-Home Supportive Services (IHSS) and continuously certified to meet Share of Cost	Yes	Yes
MSSP and Community-Based Adult Services (CBAS) enrollees	Yes	Yes
Medicare Advantage Special Needs Plan (D-SNP) enrollees	Yes	No (through 2013)
Medicare Advantage (Part C) enrollees	Yes	No (through 2013)
Program of All-Inclusive Care for the Elderly (PACE) enrollees	Yes	No
AIDS Health Care Foundation Waiver	Yes	No
Partial benefits (QMB, SLMB and QI) ¹ and Share of Cost in community and not continuously certified to meet Share of Cost	No	N/A
Receiving other health coverage (e.g., private and non-Medicare public)	No	N/A
End-Stage Renal Disease (ESRD) at time of enrollment ²	No	N/A
Developmentally disabled receiving services from a regional or state developmental center or residing in an intermediate care facility	No	N/A
Receiving HCBS 1915(c) waiver at time of enrollment ³	No	N/A

¹ Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB) and Qualifying Individual (QI) programs.

² If beneficiary develops ESRD after enrollment, participation continues.

³ HCBS 1915(c) waiver programs include: Nursing Facility/Acute Hospital Waiver Service; HIV/AIDS Waiver Services; Assisted Living Waiver Services and In-Home Operations Waiver Services. Beneficiaries on wait lists for these programs will be eligible and may be passively enrolled. Beneficiaries will not be able to enroll in 1915(c) waiver programs after enrollment.

Duals Demonstration Goal: To provide members with the right service at the right time in the right place. It's all about coordination and choice.

What is the Duals Demonstration?

- The Affordable Care Act brings new choices for people who have both Medicare and Medicaid (Medi-Cal). We often call these people “duals.”
- The Duals Demonstration will combine two separate insurance programs, Medicare and Medi-Cal, into a single plan.
- California is one of 15 states chosen by the Centers for Medicare & Medicaid Services (CMS) to participate in this demonstration.
- Orange County is one of eight California counties chosen by the California Department of Health Care Services (DHCS) to participate in this demonstration.
- CalOptima, Orange County's Medi-Cal administrator, will start accepting members for the new plan in spring 2013.

How will the Duals Demonstration help CalOptima members?

- Members will no longer have to manage two separate insurance programs, which can be complicated, fragmented and inefficient.
- CalOptima will grow our network of doctors and offer comprehensive benefits to give duals more choices.
- CalOptima will work with community programs to meet more needs of Orange County's duals.
- Doctors, members and others will work together to improve member health by better coordinating and managing member care.

How will enrollment be handled in the Duals Demonstration?

- Most duals in Orange County are already enrolled with CalOptima for their Medi-Cal benefits.
- DHCS is currently developing the demonstration's enrollment process. People who are eligible will get more information based on their birthday month, from March 2013 and February 2014.
- DHCS has proposed that a member will be enrolled for their Medicare benefits on a rolling basis beginning June 1, 2013, three months after their birthday month. For example, members with a March birthday will enroll June 1, 2013.
- DHCS has proposed that most duals be passively enrolled. That means they will not have to take any action to join the plan.
- The state proposal says that duals who are already in a Medicare Advantage Special Needs Plan (D-SNP) can participate, but they will have to actively enroll.

Who is eligible?

- Eligible people are:
 - Full-benefit duals (with full Medicare and Medi-Cal benefits) 21 years or older
 - Certain Share of Cost duals who are continuously certified as meeting Share of Cost
- Some duals will not be eligible, including:
 - People with developmental disabilities receiving services from a regional or state developmental center or living in an intermediate care facility
 - People with end-stage renal disease at enrollment
 - Participants in certain waiver programs
- More detailed eligibility information will be provided closer to enrollment

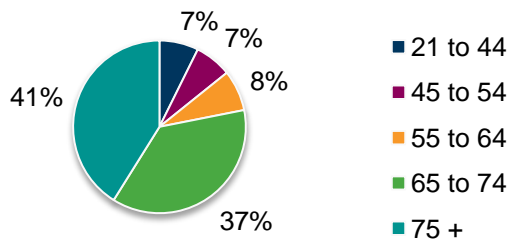
What benefits are covered?

- All Medicare benefits under Parts A, B and D
- Medi-Cal covered benefits
- Long-term supports and services, including In-Home Supportive Services, Community-Based Adult Services, Multipurpose Senior Services Program and long-term care in nursing facilities
- Mental health and substance use programs
- Many supplemental benefits currently provided through CalOptima OneCare (HMO SNP)

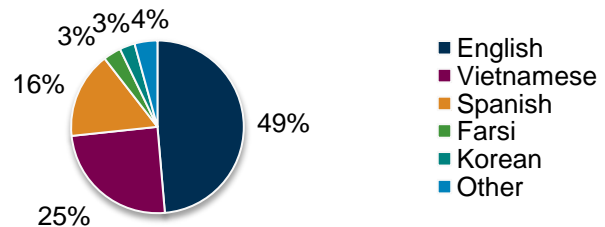
Duals Data (as of 10/1/12)

Total Duals in Orange County 74,509	Duals with CalOptima Medi-Cal only	60,753
	Duals with CalOptima OneCare	13,756

Duals Ages (21+)



Top Languages Spoken



Key Dates:

- Earliest enrollment date (subject to CMS approval of DHCS proposal) — June 2013
- Provider Stakeholder Meetings — October 18, 2012
- Member and Community Stakeholder Meetings — October 18, 2012

For questions or comments, contact CalOptima:

For Members:

Phone: 1-714-246-8500

For Providers:

Phone: 1-714-246-8600

Email: providerservices@caloptima.org

Additional Resources:

www.caloptima.org

www.calduals.org

Duals

Questions and Answers About the Demonstration for Members



What is the Duals Demonstration?

The federal Medicare program is partnering with California's Medi-Cal program to launch a three-year Duals Demonstration beginning in 2013. It will promote coordinated health care delivery to seniors and people with disabilities who are dually eligible for both public health insurance programs. These people are often known as "duals." Orange County was selected to participate along with seven other counties, including Alameda, Los Angeles, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara.

How will the Duals Demonstration help CalOptima members?

The demonstration's goal is to provide members with the right service at the right time in the right place. It's all about access to services and choice.

1. Members will no longer have to manage two separate insurance programs, which can be complicated, fragmented and inefficient.
2. CalOptima will grow our network of doctors and offer comprehensive benefits to give duals more choices.
3. CalOptima will work with community programs to meet more needs of Orange County's duals.
4. Doctors, members and others will work together to improve member health by better coordinating and managing member care.

What benefits are covered by the Duals Demonstration?

The Duals Demonstration covers the benefits members are accustomed to, including:

- All Medicare benefits under Parts A, B and D
- Medi-Cal covered benefits
- Long-term services and supports benefits, including In-Home Supportive Services, Community-Based Adult Services, Multipurpose Senior Services Program and long-term care in nursing facilities
- Mental health and substance use programs
- Many supplemental benefits currently provided through CalOptima OneCare (HMO SNP)

Questions?

We are here to help. For CalOptima-specific questions, contact Customer Service at 1-714-246-8500 or 1-888-587-8088, or visit the Duals Demonstration page on the CalOptima website at www.caloptima.org.

Who is eligible to participate?

The demonstration involves people with Medicare and Medi-Cal coverage. Most duals in Orange County are already CalOptima Medi-Cal members. Most of the 74,000 duals in Orange County are eligible. Some may opt out of participating. More exact figures may be available nearer to the launch of the demonstration.

Will members be able to keep their doctors under the demonstration?

Under the demonstration, members will continue to have a choice to select their providers from CalOptima's network. In fact, we are expanding our network and building in strong protections to ensure continuity of care, personal choice and self-direction for participants in the demonstration. We also expect to offer members an opportunity to continue for some time seeing their current providers who may not yet have joined CalOptima's network. We look forward to working with members and their advocates to support existing patient-doctor relationships.

How will member choice be protected?

Choice is a focus in the demonstration on many levels. Most basically, members can choose to opt out of the demonstration entirely. From there, members who choose to participate will be able to select their doctors, will be in control of their involvement on the care team, and will be able to decide the role of their caregivers and family members.

Questions?

We are here to help. For CalOptima-specific questions, contact Customer Service at 1-714-246-8500 or 1-888-587-8088, or visit the Duals Demonstration page on the CalOptima website at www.caloptima.org.

What services are available under the demonstration?

The services proposed include all Medicare benefits, such as doctor visits and prescription drugs, as well as all Medi-Cal managed care and long-term service and support benefits, such as Community-Based Adult Services (CBAS), In-Home Supportive Services (IHSS) and Multipurpose Senior Services Program (MSSP).

Will members retain access to the CBAS, IHSS and MSSP benefits if they opt out of the demonstration?

Yes. In Orange County, most Medi-Cal participants are already CalOptima members. They will continue receiving CBAS, IHSS and MSSP Medi-Cal long-term service and support benefits. This is true, even if they opt out of the demonstration for their Medicare benefits.

How will enrollment work?

Final approval of California's plan by the Centers for Medicare & Medicaid Services (CMS) is not expected until late fall. Until then, many details of the demonstration are unconfirmed, including those about enrollment. The proposal states that enrollment will be phased in and will begin no earlier than March 2013 and no later than June 2013. CalOptima is committed to sharing information as it becomes available.



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Member Eligibility Requirements

Requirement	OneCare (HMO SNP)	Duals Demonstration	PACE
Age	No requirements	Must be 21 years or older	Must be 55 years or older
Health Status	No requirements	No minimum threshold Certain members with developmental disabilities or end-stage renal disease are excluded	Must be eligible for a nursing facility level of care
Other	Eligible for full Medi-Cal benefits, including Share of Cost members ¹ Eligible for full Medicare (Parts A and B)	Eligible for full Medi-Cal benefits and certain Share of Cost members ² Eligible for full Medicare (Parts A, B and D)	Able to safely reside in the community with the help of PACE services

Benefits

Benefit	OneCare (HMO SNP)	Duals Demonstration	PACE
Medicare	Includes all covered benefits plus supplemental services	Includes all covered benefits plus supplemental services	Includes all covered benefits plus supplemental services
Medi-Cal (medical)	Includes all covered benefits	Includes all covered benefits	Includes all covered benefits
Home and Community-Based Services	Not included in OneCare, however, available through CalOptima (MSSP, CBAS, Institutional LTC and, as proposed, IHSS)	Available and coordinated as part of the demonstration (MSSP, CBAS, Institutional LTC and, as proposed, IHSS)	Similar but distinct services provided through PACE team, including CBAS-like services and MSSP-like services
Additional supplemental "in lieu of institutionalization" services	Not available	May be available, contingent on funding and CMS/DHCS authority	Available as needed, based on Individualized Care Plans
Dental	Available	Available as part of CalOptima's proposal, contingent on funding	Available
Meals	Available on a limited basis	To be determined, contingent on funding and CMS/DHCS authority	Available

¹ Share of Cost members who have met their Share of Cost during the month of enrollment

² Share of Cost members residing in a skilled nursing facility or receiving MSSP or IHSS and continuously certified to have met their Share of Cost

Program Comparison Chart*

(Continued)

Provider Options

Provider Options	OneCare (HMO SNP)	Duals Demonstration	PACE
Choice of Provider	Must be in participating network	Must be in participating network or a contracted provider CalOptima's goal is to preserve continuity of care for members with existing provider relationships	Required to use PACE physician as PCP Other providers from within PACE provider network

Program Status

Status	OneCare (HMO SNP)	Duals Demonstration	PACE
Current State	Operational, will continue current program through 2013 Congress must reauthorize operation of all Medicare Advantage Special Needs Plans beyond 2013	Application process ongoing Preparing for upcoming readiness review Anticipated timeline: CalOptima integrates additional HCBS (IHSS) beginning March 1, 2013 CalOptima integrates Medicare beginning June 1, 2013	Pending approval of application and completed site review, CalOptima plans to open a PACE center in 2013

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