

A Quick Reference Guide for New Members

Tips for Navigating Your New CCC Plus Health Coverage

Welcome to Commonwealth Coordinated Care Plus (CCC Plus), your new Medicaid managed care program! We are here to partner with you to improve your overall health. We also want to ensure that you understand and take advantage of your new health benefits. This reference guide highlights some of the most important steps to help you get started. You can also refer to your health plan's Member Handbook as a comprehensive guide to all of the benefits and rules of your health plan. Let's get started so you can live a healthier life today!

1 Choose a health plan that works best for you. CCC Plus partners with six managed care organizations, or health plans, to provide you with the best possible health coverage. These health plans offer the same basic benefits, but vary slightly in their *added benefits*. Depending on your situation and health needs, one plan may suit you better than another, which is why it is important to review your options. You will receive your enrollment materials in the mail, which includes a comparison chart. This chart shows each health plan's *added benefits* in a side-by-side manner so you can choose the plan that is best for you.

You can select a plan within the first 90 days of your enrollment with CCC Plus. If you do not choose a plan during that time, you will stay in the health plan assigned to you. After these first 90 days, you will only be able to change your health plan once a year during open enrollment period in the fall, or with special approval from the Department of Medical Assistance Services (DMAS). Visit www.cccplusva.com to choose your health plan. Visit www.cccplusva.com/member-materials for details about health plan *added benefits* or the health plan quality score card. For more information or help selecting a plan, call the CCC Plus Helpline at **1-844-374-9159** (TTY: 1-800-817-6608), Monday - Friday from 8:30 a.m. to 6:00 p.m. (Interpretation services available).

2 Know the benefits that are available to you. Your new Medicaid health coverage offers many benefits and services. The complete list is located in your Member Handbook on your health plan's website. The following **are just a few** of the benefits available to you:

- Addiction and recovery treatment services (ARTS)
- Behavioral (mental) health services and counseling
- X-ray and lab services
- Durable medical equipment (DME) and supplies
- Emergency and urgent care
- Hospital and home health services
- Long-term services and supports
- Medical and preventive care, including needed transportation to your doctor visits

In addition to the basic benefits, each health plan offers many other added benefits, such as hearing and vision benefits. You can also receive **one free smartphone per household** and **free meal delivery** after a hospital stay.

To find out how to access these benefits and others, call the CCC Plus Helpline at **1-844-374-9159** (TTY: 1-800-817-6608), Monday through Friday from 8:30 a.m. to 6:00 p.m. (Interpretation services available).

3 Work with your care coordinator. As a CCC Plus member, you will be assigned a care coordinator who will help make sure you are getting the health services and care you need.

Within the first four months of your CCC Plus enrollment, your health plan will call you for a health screening. Following the screening, your care coordinator may contact you to create a personalized care plan based on your needs and preferences. Your care coordinator will be available to help answer questions about your health care. Care coordinators can also:

- Help you find a new provider or specialist;
- Help you access needed community resources and social services;
- Improve communication between your providers through care team meetings; and
- Monitor your progress toward meeting your goals.

For assistance or more information, call your care coordinator at one of the numbers below:

Aetna Better Health of Virginia	1-855-652-8249; press #1 and ask for CC
Anthem HealthKeepers Plus	1-855-323-4687; press #4; TTY: 711
Molina Complete Care	1-800-424-4524
Optima Health	1-866-546-7924; or 757-552-8398
UnitedHealthcare	1-866-622-7982
Virginia Premier	1-877-719-7358

4 Choose your primary care provider. A Primary Care Provider (PCP) is a doctor who is trained to provide basic medical care and will coordinate with, or refer you to, other medical providers for your overall wellness. Your PCP will treat you for your regular medical care, minor infections, diabetes, high blood pressure and much more.

You should choose a PCP that is in your health plan's network by visiting your health plan's website, or at www.cccplusva.com and searching for providers in your area. You will be assigned a PCP by your health plan if you do not select one. Once you have selected a PCP, you should call to

schedule an appointment to discuss your overall health. Talking to your doctor about your health concerns can potentially stop or prevent future health problems from occurring.

Take care of your health by choosing a doctor today. Visit www.ccplusva.com/choose or call your care coordinator or Member Services department at the phone number listed on your Member ID card.

5 You can keep your current doctors during the first 30 days. If

your health plan is new to you, you can keep seeing the doctors and other health providers you go to now during the first 30 days you are enrolled in the CCC Plus program. This is called the “continuity of care period.” You can also keep receiving your authorized services for the duration of the authorization, or for 30 days after you first enroll, whichever is sooner. After 30 days in your new plan, you will need to see doctors and other providers in your health plan’s network. A network provider is a provider who contracts with your health plan and works with them to get paid for services provided to you. Your care coordinator or Member Services can help you find new network providers.

If you are in a nursing facility at the start of the CCC Plus Program, you may choose to:

- Remain in the facility as long as you meet DMAS’ criteria for nursing facility care,
- Move to a different nursing facility, or
- Receive services in your home or other community based setting.

The continuity of care period may be longer than 30 days in some cases, such as until the health risk assessment is completed, or until you to have a safe and effective transition to a provider within your health plan’s network. Talk to your care coordinator if you want to learn more about these options.

6 Use the transportation benefit to get to your appointments.

Your health plan, or their transportation broker, covers your transportation to Medicaid services if you do not have another way to get there. The phone number to call for transportation services is on your new Member ID card, or you can find it at www.dmas.virginia.gov/members/managed-care-programs/cc-plus/information/.

Be sure to reserve your transportation at least five business days prior to your regular scheduled Medicaid services. (Urgent transportation reservation requests may be made with less than five days notice.) Refer to your Member Handbook or contact your health plan for an explanation of transportation benefits.

Transportation for Developmental Disability waiver services for CCC Plus members is covered through the fee-for-service transportation broker ModivCare. Call **(866) 386-8331** for details.

7 Learn about prescription drug coverage. Most of your health care providers can write you prescriptions for drugs required for your health needs. These prescriptions are covered at no cost to you under your health plan if you only have Medicaid coverage. Keep in mind the following requirements so that you can receive your authorized prescriptions with ease:

- Your health care provider must write your prescription.
- You must use a network pharmacy to fill your prescription.
- Your prescribed drug must be on your health plan's List of Covered Drugs. If it is not on the List of Covered Drugs, they may be able to cover it by providing a service authorization.
- The use of the drug must be approved by the Food and Drug Administration or supported by certain medical reference books. Ask your health care provider if you have any questions about your prescription.
- If you have Medicare, most of your drugs are covered through your Medicare plan. **Medicaid does not pay for any drugs that are covered under Medicare Part D, including copayments.**

Call the phone number listed on your Member ID card for questions regarding your pharmacy benefits. You can also refer to your Member Handbook for more information about your prescription drug coverage.

8 You have rights and responsibilities as a Medicaid member, and an advocate can help you. Advocates are trusted advisors who can help you navigate your Medicaid coverage. As a Medicaid member, you have rights and responsibilities that protect you as a citizen, enable you to make choices, and keep your personal and health information private. You also have the right to appeal an action that denies, reduces, or stops Medicaid coverage or services. The Department for Aging and Rehabilitative Services has independent advocates to help with:

- Information, system navigation and referral
- Access to member benefits, such as in-home services, transportation, etc.
- Understanding and securing member rights
- Assistance with grievances, appeals and any action taken to deny, stop or reduce Medicaid-covered medical services or Medicaid eligibility.

For more information about how an advocate can help you, contact the Office of the State Long-Term Care Ombudsman, Department for Aging & Rehabilitative Services at **1-800-552-5019** and ask to speak with an advocate, or visit www.ElderRightsva.org.

9 We are always here to help you. There are many ways that you can contact us for more information and assistance.

For information about enrolling, choosing a plan or a provider, visit www.cccplusva.com. For information about your added benefits or help choosing a health plan, call the CCC Plus Helpline at **1-844-374-9159** (TTY: 1-800-817-6608), Monday to Friday, 8:30 a.m. to 6:00 p.m.

For information about your health plan or benefits, call the Member Services phone number on your Member ID card.

You can also get this information for free in other languages and formats like large print or audio. Free interpreter services are also available. Call 1-844-374-9159 (TTY: 1-800-817-6608) for details.