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## CCI Advocates Alert

August 18, 2015

The CCI Advocates Alert is a summary of changes, on-the-ground reports, advocacy tips, and resources regarding California's Coordinated Care Initiative.

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### Announcements

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**New Cal MediConnect Enrollment Data Available.** DHCS releases an enrollment dashboard each month, which presents data on the number of dual eligible beneficiaries who have enrolled, opted-out, and disenrolled from the Cal MediConnect program. The July 2015 dashboard is available [here](#). DHCS also released a breakdown of Cal MediConnect opt-out rates by language, ethnicity, and age through July 2015 available [here](#).

**DHCS Creates Enrollment Assistant Process.** Under prior guidelines, only a beneficiary or his or her Appointed Representative filed with the County could make a health plan enrollment decision. DHCS recognized that many

beneficiaries, for number of different reasons, need assistance with an enrollment decision and do not have an Authorized Representative on file – including beneficiaries who have a Power of Attorney or a conservator or guardian. In response to feedback from advocates, DHCS created a process that allows an Enrollment Assistant to make an enrollment decision on behalf of a beneficiary that includes an attestation process and safeguards to ensure there is no abuse of the process. A summary of the policy is available [here](#).

**DHCS Releases Revised Dual Plan Letter on Continuity of Care.** DHCS has released a revised Dual Plan Letter (DPL) on continuity of care – the right to continue to see out-of-network providers once enrolled – for Cal MediConnect plans. The most notable change to the DPL is clarification of the continuity of care policy for beneficiaries enrolled in a Cal MediConnect plan that assigns its members to an Independent Practice Association (IPA) or a Participating Physician Group (PPG). The DPL is available [here](#).

**Orange County Enrollment Starts.** Orange County is the final county to move forward with the Coordinated Care Initiative. Passive enrollment began on August 1 by birth month. Dual eligibles residing in nursing facilities contracted with Cal Optima One Care Connect, however, will not be enrolled by birth month. Instead, residents will be enrolled on a facility-by facility-basis starting in November. The enrollment timeline for nursing facility residents is available [here](#). Residents in non-contracted facilities will still be enrolled by birth month. Beneficiaries enrolled in Cal Optima’s D-SNP will be passively enrolled into the Cal MediConnect plan on January 1.

**CMS Announces Opportunity for States to Extend Demonstration.** CMS’s Medicare Medicaid Coordination Office issues a letter to states that have implemented duals demonstrations offering states an opportunity to extend their demonstrations from three years to five years. Interested states are asked to submit a non-binding letter of intent by September 1, 2015. The CMS letter is available [here](#).

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## On-the-Ground Reports and Advocacy Tips

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### **Many Medicare Providers Still Confused About Whether They Can Still Get Paid by Medi-Cal Now That Their Patients Must Enroll in Medi-Cal Plans.**

Medicare providers do not need to contract with Medi-Cal plans – or be a Medi-Cal provider – to be reimbursed for Medi-Cal payment of Medicare cost-sharing.

Dual eligibles who decide to opt-out of Cal MediConnect or duals not able to participate in Cal MediConnect still must enroll in a Medi-Cal plan. For dual eligibles, this means the Medi-Cal plan will now be responsible for paying the Medicare provider the 20% co-insurance that the State used to pay.

The Medicare provider does not need to be contracted with the Medi-Cal plan to receive payment from the plan. The State has created this [fact sheet](#) for providers on this issue.

The Medicare provider is NOT allowed to balance bill the dual eligible for the 20%. This [fact sheet](#) explains how balance billing is prohibited in California. You can also watch our webinar covering the prohibition of balance billing available [here](#). If a Medicare provider has billed your dual eligible client, please contact Denny Chan at [dchan@justiceinaging.org](mailto:dchan@justiceinaging.org).

**Advocates Should Be Aware Medicare Marketing Rules.** There are rules about how Medicare Advantage Plans and Cal MediConnect plans can reach out to dual eligibles. If you think your client is being marketed to in violation of marketing rules (e.g., is being offered gifts or incentives to enroll), please contact Justice in Aging or the CCI Ombudsman.

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## Upcoming Events and Trainings

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### Justice in Aging Trainings

CCI Advanced: October 22, 2015, at 10:00 a.m. [Register Here](#)

To view Justice in Aging's past CCI Basic and Advanced trainings, please visit our [website](#).

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## Resources and Other Materials

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**Advocates Guide to California's Coordinated Care Initiative (Ver. 4).** On June 15, 2015, Justice in Aging released a new version of the Advocates Guide to the CCI. This comprehensive Guide explains the CCI and who is impacted and provides advocacy tips and citations to CCI rules and regulations. The Guide is available [here](#).

**Justice in Aging Releases CCI Fact Sheets.** Justice in Aging released two fact sheets. The first is a dental fact sheet that explains how beneficiaries access the dental benefit under the Cal MediConnect program – the Los Angeles specific fact sheet is available [here](#) and the fact sheet covering other CCI counties is available [here](#). The second is a fact sheet summarizing the upcoming evaluations of how the CCI is working and is available [here](#).

**Cal MediConnectToons.** DHCS has created animated videos that describe the Cal MediConnect program in both English and Spanish. The videos are available on [calduals](#) and you can also download them directly from <http://vimeo.com/calduals/videos>.

**Cal MediConnect Video.** DHCS has released a video explaining Cal MediConnect and the enrollment choices beneficiaries face. The video is available [here](#).

**DHCS Physician Toolkit.** DHCS has provided a Coordinated Care Initiative toolkit of factsheets and other information for providers. The toolkit is available [here](#).

**DHCS Mailbox For Cal MediConnect Notices Sent in Error.** DHCS has created an email inbox that advocates can use to fix situations where beneficiaries have been or are at risk of being erroneously enrolled in Cal MediConnect. The situation arises when an individual not subject to passive enrollment erroneously receives an enrollment notice. The new email inbox is **cmc.mltss@dhcs.ca.gov**. DHCS has provided the following information about the new inbox:

- Routine plan changes and disenrollments should be handled with Health Care Options. Many beneficiaries can use continuity of care to see their providers while a routine plan change or disenrollment is in process. Beneficiaries should contact their plan to make this request.
- Do not send personal health information or ID numbers through unsecured email. You can send an email request to the new inbox for a secure email from DHCS, and you can respond to that secure email with this information.
- You will receive a response to your request within 2 to 3 business days to confirm receipt and that DHCS is working on the issue. You will receive an email confirmation of the issue resolution.
- You may not receive specifics on the case itself if you are not the authorized representative or the beneficiary.

## **National Duals Demonstration Resources**

[Dual Eligible Demonstrations: The Beneficiary Perspective \(Kaiser, August 2015\)](#)

[Experiences with Financial Alignment Initiative Demonstration in Three States, California, Massachusetts, and Ohio \(MACPAC, May 2015\)](#)

**Resources for Beneficiaries.** Beneficiaries should contact their local **Health Insurance Counseling & Advocacy Program (HICAP)** to receive free individualized choice enrollment counseling for Cal MediConnect. The HICAP counselors can

help the beneficiary review his choices and make an informed decision. The HICAP can be reached at (800) 434-0222.

The **Cal MediConnect Ombudsman** is available to provide assistance with both pre-enrollment and post enrollment issues. You should contact the Ombudsman if you believe a beneficiary has incorrectly received a notice, a beneficiary is having difficulty disenrolling or changing his plan, or if a beneficiary has been denied coverage or is experiencing a disruption in care.

The Ombudsman program is available by calling (855) 501-3077 (TTY: 855-847-7914), Monday through Friday, 9:00 a.m. - 5:00 p.m. To find the local program acting as the ombudsman in your county, visit the CalDuals [website](#).

**This is a resource to help advocates keep abreast of the many developments in the rollout of the CCI. Please let us know how we can improve. We value your feedback. To submit comments, please email us at [info@justiceinaging.org](mailto:info@justiceinaging.org).**

**If you have a question regarding the content of this document, please contact Amber Cutler at [acutler@justiceinaging.org](mailto:acutler@justiceinaging.org).**