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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

CCI Maintained in 2016/17 Budget. Current law requires the California Department of Finance (DOF) to annually evaluate whether the Coordinated Care Initiative (CCI) is cost effective. If the DOF finds that the CCI is not cost effective, the CCI will terminate the following fiscal year.

This year's budget continued the CCI in 2016 contingent on the passage of the Managed Care Organization (MCO) tax. In the May revision of the budget, the MCO tax was passed, and CMS also approved the tax. Accordingly, the CCI will continue for 2016 and 2017 and will be revaluated for continuation in the

2017/18 budget. If found not to be cost effective in next year's budget, the CCI would terminate in 2018.

DHCS Proposes New Cal MediConnect Enrollment and Program Improvement Strategies.

In May, DHCS announced several strategies to improve the CCI and increase and sustain enrollment in the Cal MediConnect program. Specifically, DHCS announced that it would commit to a new voluntary enrollment effort, implement a streamlined enrollment process, standardize health risk assessment questions, require plans to report on specific LTSS measures, strengthen the continuity of care and deeming provisions, and begin convening health plans to share best practices. The strategies can be found [here](#).

Latest Cal MediConnect Enrollment Data Available. DHCS releases enrollment dashboards each month, which summarize the number of dual eligible beneficiaries who have enrolled, opted-out, and disenrolled from the Cal MediConnect program. The May 2016 dashboard is available [here](#). DHCS also releases a monthly breakdown of Cal MediConnect opt-out rates by language, ethnicity, and age available [here](#). The only county whose opt-out numbers are changing month-to-month is Orange County since the other CCI counties have completed passive enrollment.

DHCS Releases Cal MediConnect Performance Dashboards. Cal MediConnect plans have a number of different reporting requirements aimed at measuring whether the plans are meeting the goals of the Cal MediConnect program. In March, DHCS released a set of dashboards that include data health plans have reported on Health Risk Assessment (HRA) completion rates, appeals, hospital discharges, emergency room utilization, LTSS utilization, and case management. The performance dashboards are available [here](#).

DHCS Releases New Guidance for Plans. In January, DHCS released an All Plan Letter (APL) outlining the steps plans must take when a plan provider is

suspended or loses certification. The APL provides guidance on what notice plans must send beneficiaries and what actions plans must take to minimize disruption and smoothly transition a beneficiary to a new provider. The APL is available here.

In April, DHCS released a revised dual plan letter (DPL) on continuity of care requirements for Cal MediConnect plans that clarifies and strengthens continuity of care protections. The revised DPL is available here.

DHCS Releases New Provider Bulletin on Continuity of Care. The provider bulletin, released in April, describes the continuity of care protections afforded to Cal MediConnect enrollees and specifies the steps providers should take to request continuity of care. The bulletin also includes a provision reminding providers of the prohibition against balance billing of dual eligibles. The bulletin is available here.

Evaluation News

CMS Releases First Federal Evaluation of Duals Demos. In January, the Centers for Medicare and Medicaid Services (CMS) released the first ever evaluations of the dual eligible demonstrations. CMS contracted with RTI International to conduct interviews, focus groups, and collect qualitative and quantitative data for the reports, the first in a series to be released over the course of the demonstrations. The "Report on Early Implementation of Demonstrations Under the Financial Alignment Initiative," provides a summary of experiences in the first six months of implementation of the dual eligible demonstrations in seven states: California, Illinois, Massachusetts, Minnesota, Ohio, Virginia, and Washington.

GAO Releases Report on Care Coordination in Duals Demonstrations. The Government Accountability Office (GAO) released a report in January examining care coordination in five duals demonstration states from June 2013-December 2015. The report looks specifically at how care coordination is implemented,

challenges to care coordination, and CMS oversight. Based on its review, GAO recommends CMS develop new care coordination measures and align existing measures so they are comparable across states. The report is available here.

Key Findings from Cal MediConnect Focus Groups Available. The University of California researchers tasked with conducting an evaluation of the Cal MediConnect program released a report in March summarizing results from focus groups held with beneficiaries enrolled in Cal MediConnect plans and with beneficiaries who opted out of the program. The report includes interview data, key findings, and recommendations. The report is available here.

New Cal MediConnect Telephone Survey Results Released. In May, the Field Research Corporation, in collaboration with the California Department of Health Care Services and funded by the SCAN Foundation, released telephone survey results examining reasons individuals opted out of the Cal MediConnect program and the experience beneficiaries are having who enrolled into Cal MediConnect plans. Focus groups were also conducted with individuals who use LTSS. A slide deck summarizing the findings is here.

On-the-Ground Reports and Advocacy Tips

Deeming Helps Prevent Disruptive Disenrollment from Cal MediConnect. In order to be eligible for Cal MediConnect, an individual must be eligible for both Medicare and full-scope Medi-Cal. When a beneficiary loses Medi-Cal eligibility, she also loses Cal MediConnect eligibility. Cal MediConnect deeming will allow the beneficiary to remain in the Cal MediConnect plan for 30-60 days (depending on plan) to provide the beneficiary time to resolve the Medi-Cal eligibility issue. For more information regarding deeming, please see Justice in Aging's deeming fact sheet available here.

Balance Billing of Dual Eligibles is Illegal. It is illegal for a medical provider to bill dual eligible beneficiaries or Medi-Cal beneficiaries for medically covered

services. The prohibition applies to both duals enrolled in Cal MediConnect and those in Medi-Cal managed care. 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 these individuals, 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. Justice in Aging has a balance billing toolkit that includes fact sheets, trainings, and sample letters to send to providers who have illegally billed a beneficiary. The toolkit is available here. If a Medicare provider has illegally balance billed your client, please contact Denny Chan at dchan@justiceinaging.org.

Upcoming Events and Trainings

To view Justice in Aging's past CCI Basic and Advanced trainings, please visit our **website**.

Resources and Other Materials

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.

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

Durable Medical Equipment: The Basics for California Advocates. A Justice in Aging fact sheet that offers advocates the definitions of DME, coverage levels by insurance type, and includes steps advocates can take to help clients access DME depending on their insurance coverage. The fact sheet is available here.

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 the 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.

DHCS has developed a **Beneficiary Toolkit**, which is scheduled for release this year. A draft of the Toolkit is available here. Comments were due December 11, 2015.

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.

If you have a question regarding the content of this document, please contact Amber Cutler at acutler@justiceinaging.org.