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CCI Advocates Alert

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

Cal MediConnect Streamlined Enrollment Begins. The Department of Health Care Services (DHCS) announces that streamlined enrollment will begin this week. Prior to streamlined enrollment, individuals who wished to enroll in Cal MediConnect had to contact Health Care Options (HCO) to request enrollment. Streamlined enrollment now permits plans to accept enrollment requests from beneficiaries. The health plan will then submit the enrollment request directly to HCO. Within three business days of receiving the enrollment request, HCO will call the individual up to three times to attempt to confirm the individual's choice to enroll. If the individual confirms enrollment or if HCO is unable to reach the individual, the enrollment will be processed. HCO will mail a confirmation of enrollment notice to the individual within 10 days of receiving the enrollment request from the plan. The health plan will then mail out a welcome letter and plan enrollment information to the new member. If the individual informs HCO that she does not want to enroll in the plan, the enrollment request will not be processed.

DHCS has indicated that it is going to closely monitor this new process to ensure that consumer safeguards in place are working properly and individuals are not improperly enrolled in a plan. A summary of streamlined enrollment is available [here](#).

DHCS Releases New Cal MediConnect Beneficiary Toolkit. The Department of Health Care Services (DHCS) released a new toolkit designed for beneficiaries describing the Cal MediConnect program, plan benefits, and how to choose a plan. The toolkit is available [here](#).

DHCS Released Updated Dual Plan Letter on Continuity of Care. In July, DHCS released an updated Dual Plan Letter (DPL) addressing continuity of care. Continuity of care is a consumer protection that allows plan enrollees to continue to see an out-of-network provider once enrolled in the plan if certain criteria is met. The updated DPL extends the continuity of care period from six to twelve months. Plans can also, on a case-by-case basis, extend continuity of care beyond twelve months. The DPL also now only requires that the enrollee see a specialist once (instead of twice) in the 12 month period prior to enrollment to demonstrate a pre-existing relationship with a provider to establish continuity of care. The DPL is available [here](#).

DHCS Releases Dual Plan Letter on Discharge Planning.

In July, DHCS released a DPL laying out requirements for Cal MediConnect plans on discharge planning for individuals being discharged from a hospital, other acute care setting, or other institution, like a skilled nursing facility. The DPL 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 July 2016 dashboard is available [here](#). DHCS also releases a monthly breakdown of Cal MediConnect opt-out rates by language, and ethnicity, 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. Orange County's passive enrollment ended July 1.

Evaluation News

There are a number of efforts underway to evaluate the Cal MediConnect program. For a summary of these evaluations, what they entail, and the timeline for each, refer to Justice in Aging's fact sheet, "[How is the CCI Working?](#)" We also have links available to all the evaluation

findings to date available [here](#).

New Cal MediConnect Rapid Cycle Telephone Survey Results Released. In June, the Field Research Corporation, in collaboration with the California Department of Health Care Services and funded by the SCAN Foundation, released Wave 3 of 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. A summary of Wave 3 findings is available [here](#). A slide deck reviewing the findings is available [here](#).

MedPAC Releases Report on Duals Demos. In June, the Medicare Payment Advisory Commission (MedPAC) released a report reviewing issues that affect dual-eligible beneficiaries, including a status report of how the duals demonstrations are performing nationally. The report is available [here](#).

Cal MediConnect Evaluation of Health System Responses Released. In order to evaluate how the health system has thus far responded to Cal MediConnect implementation, a number of health plans, provider groups, community based organizations providing long-term services and supports, and other health system participants were interviewed. A summary of their responses is available in the report, "[Cal MediConnect – How Have Health Systems Responded?](#)" A shorter summary of the key finding and recommendations can be found [here](#).

Key Findings from Telephone Surveys with Beneficiaries Released. In August, a report summarizing results from a telephone survey with individuals enrolled in Cal MediConnect, individuals who opted out of Cal MediConnect, and dual eligibles residing in non-CCI counties was released. The report is available [here](#).

On-the-Ground Reports and Advocacy Tips

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, those in enrolled in a Medi-Cal managed care plan, and those dual eligibles who remain in fee-for-service Medi-Cal. 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](#). Providers who are California Medical Association (CMA) members can also access materials on the CMA website explaining the balance billing prohibition. 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](#).

Care Coordination Flyer. Stakeholders including community based providers, consumer advocates, and health plans in Los Angeles County created a flyer to explain the Cal MediConnect care coordination benefit. The flyer 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](#).

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.