

Two Cal MediConnect Eligibility Protections: Deeming and Aid-Paid-Pending

Cal MediConnect eligibility

Most individuals with full Medicare and Medi-Cal coverage are eligible to enroll in a Cal MediConnect plan.¹ When a beneficiary loses full-scope Medi-Cal coverage, she also loses eligibility for Cal MediConnect.

What is Cal MediConnect deeming?

Many Medi-Cal eligibility issues can be fixed if the beneficiary is offered enough time to resolve them. “Deeming” allows a beneficiary who has lost full-scope Medi-Cal eligibility to remain in a Cal MediConnect plan for a certain period of time before being disenrolled from the plan. In other words, a beneficiary is *deemed eligible* for purposes of Cal MediConnect enrollment. Essentially, deeming provides a grace period for maintaining Cal MediConnect eligibility.

During the deeming period, the Cal MediConnect plan will cover all medically necessary services provided even if the beneficiary is ultimately determined not to be eligible for Cal MediConnect.

*A **deeming period** provides a beneficiary time to resolve the Medi-Cal eligibility issue before being disenrolled from the Cal MediConnect plan.*

What are the benefits of deeming?

Minimize Disruption

Disenrollment from a Cal MediConnect plan can cause needless disruption in a beneficiary’s access to care. For example, when an individual is disenrolled from his Cal MediConnect plan, he must choose a new Part D plan for prescription drugs or will automatically be assigned one. This can cause the beneficiary to experience problems obtaining needed prescriptions drugs. A change in Cal MediConnect coverage also causes beneficiary confusion and confusion for providers that may result in a denial of care.

Prevent Loss of Services

When disenrolled from Cal MediConnect, a beneficiary also loses access to Cal MediConnect-specific services, including a care coordinator and access to the additional benefits that Cal MediConnect plans provide.

¹Not all dual eligible beneficiaries are eligible for Cal MediConnect enrollment. A chart outlining exceptions to enrollment is available here: http://www.calduals.org/wp-content/uploads/2015/03/CCI-Participating-Populations_March2015.pdf

When is deeming triggered?

Deeming is triggered when a beneficiary loses Medi-Cal eligibility. The most common situations that impact Cal MediConnect enrollment include:

1. Termination during a redetermination for Medi-Cal eligibility (e.g., the county does not properly process the submitted forms timely, the beneficiary inaccurately fills out the forms or does not submit them timely); and
2. Assessment of a share of cost.²

Length of deeming period

All Cal MediConnect plans have a deeming period of sixty (60) days.

What is Aid-Paid-Pending?

Aid-Paid-Pending (APP) is a separate protection that beneficiaries are offered when they lose Medi-Cal eligibility or are assessed a “share of cost” for services. Beneficiaries must be informed of a termination or reduction in their Medi-Cal benefits at least 10 days before the termination or reduction goes into effect through a notice of action (NOA). If a beneficiary requests a Medi-Cal fair hearing and APP within 10 days of receipt of the NOA or before the termination/reduction becomes effective, the beneficiary’s Medi-Cal benefits will continue until the existing authorization expires, a hearing decision is rendered, or the date on which the hearing request is withdrawn or closed, whichever is earlier.³

If a beneficiary enrolled in a Cal MediConnect plan has timely requested APP due to a loss of Medi-Cal eligibility, deeming will not be triggered. The eligibility system will continue to reflect Medi-Cal eligibility, and therefore, Cal MediConnect eligibility.

Examples

Deeming triggered

Ms. Dual is enrolled in a Cal MediConnect plan in Los Angeles. She receives a NOA from Medi-Cal stating that she now has a share of cost of \$405.00 a month. The NOA informs Ms. Dual that she has 90 days to dispute the assessment of the share of cost by requesting a state fair hearing. If Ms. Dual does not request APP, deeming will be triggered. Ms. Dual’s Cal MediConnect plan will send her a notice telling her that she has lost Medi-Cal eligibility and that she will remain enrolled in the Cal MediConnect plan for the plan-specific deeming period to provide her the opportunity to reestablish her Medi-Cal eligibility.

If she reestablishes her Medi-Cal eligibility with no share of cost within the deeming period, she will remain enrolled in Cal MediConnect. If she does not, she will be disenrolled from her Cal MediConnect plan and will receive a second notice from her plan informing her of such.

² Individuals who continuously meet their share of cost on a monthly basis (e.g. nursing facility residents) do not lose Cal MediConnect eligibility.

³ Under 22 CCR § 51014.2, APP is available if it is requested within 10 days of the NOA or before the effective date of the action in the NOA.

APP requested

If Ms. Dual requests the hearing within 10 days of the notice or before the share of cost goes into effect, she will receive APP and keep her Medi-Cal with no share of cost and her Cal MediConnect eligibility until the appeal is resolved. Deeming will not be triggered.

Disenrollment from Cal MediConnect

If Ms. Dual is disenrolled from Cal MediConnect, she will return to fee-for-service Medicare. She also will need to choose a new Part D prescription drug plan. If she does not choose a new Part D plan, she will automatically be assigned to one. Pending enrollment into a new Part D plan, Ms. Dual can access prescription drugs via LINET eligibility.

Regardless of what happens to Ms. Dual's enrollment in her Cal MediConnect plan (and whether or not she received APP), she still has 90 days to request a state fair hearing to contest her Medi-Cal determination.

If Ms. Dual ultimately reestablishes Medi-Cal eligibility within 90 days, but after the deeming period, she will have to contact Health Care Options to reenroll in the Cal MediConnect plan.

Questions?

If you have questions while assisting a client with APP or deeming, or would like more information, please contact Amber Christ with Justice in Aging at achrist@justiceinaging.org.