

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

Coordinated Care Initiative Reauthorized in 2017-18 Budget

The 2017-18 budget formally terminated the Coordinated Care Initiative (CCI) as a springboard to remove In-Home Supportive Services (IHSS) as a managed care benefit and to re-negotiate the IHSS program's financial structure (discussed below). Under the budget, however, all other major components of the CCI will continue with little-to-no anticipated impact in the way beneficiaries in the seven CCI counties access services. The Cal MediConnect program was extended from a three-year demonstration to a five-year demonstration and will continue through December 31, 2019, pursuant to federal authority. The final trailer bill language continuing the CCI is [located here](#).

With the formal termination of the CCI, the financing structure for IHSS that was in place prior to enactment of the CCI was reinstated. If this prior financing structure were left in place, it would have had a profound negative fiscal impact on counties. This prompted the Legislature and the Governor to formulate a new financing system for the IHSS program. This change does not affect the provision of services for beneficiaries or providers. The new IHSS financing structure establishes an extremely complex cost sharing agreement between the counties and the state that will increase the overall responsibility of the counties to fund the IHSS program. The formula changes over time and it is not clear whether this new structure provides a sustainable shift between the state and the counties' funding obligations. Justice in Aging will continue to monitor these funding changes and work to ensure that recipient benefits are not negatively affected. We ask that if you see increased barriers to accessing IHSS, that you please let Justice in Aging know.

Full Dental Benefits Restored to Adult Medi-Cal Recipients

The 2017-18 budget fully restored adult dental benefits starting January 1, 2018. Dental benefits were partially restored in May 2014, but there were major gaps in coverage. Most notably, starting in January 2018, all adult Medi-Cal recipients will again be eligible for gum treatment, root canals on the back teeth, and partial dentures.

Non-Medical Transportation Now a Plan Benefit

Starting July 1, 2017, all Medi-Cal plans are responsible for providing Non-Medical Transportation (NMT) to Medi-Cal recipients. Plans have always been responsible for providing Non-Emergency Medical Transportation (NEMT) – this is transportation by medical mode (e.g. wheelchair van or litter van). Plans now are responsible for providing transportation or reimbursement for transportation by standard conveyance (e.g. car, bus, etc.). For more information, please see the [All Plan Letter](#) and the Western Center on Law and Poverty [fact sheet](#). If advocates encounter problems with the new NMT benefit in either Cal MediConnect or Medi-Cal Managed Care, please contact Justice in Aging.

New CalDuals Website Unveiled

The Department of Health Care Services updated the [CalDuals website](#) to improve user experience for consumers, providers, and advocates seeking information about the Coordinated Care Initiative and Cal MediConnect program.

DHCS Releases All Plan Letters on Care Coordination

DHCS released two All Plan Letters (APLs) spelling out the care coordination requirements for plans. The [first APL](#) lays out the type of care coordination MLTSS plans in CCI counties must provide to both Medi-Cal only (seniors and persons with disabilities - SPDs) and dual eligibles enrolled in MLTSS plans. The [second APL](#) directs all Medi-Cal plans to conduct a Health Risk Assessment for SPDs enrolled, including a set of standard questions to identify unmet long-term services and supports.

Cal MediConnect Plan 2014 Quality Withhold Data Now Available

Cal MediConnect plans' capitated rates are reduced during the year by a certain percentage to incentivize the plans to meet specific benchmark goals. If the plans meet these goals, they receive this quality withhold back at the end of the year. The [first report](#), issued by CMS, summarizes how plans did in meeting these quality goals in 2014 and what percentage each plan received back of the quality withhold.

Latest Cal MediConnect Enrollment Data Available

DHCS releases enrollment dashboards each month, which summarize the number of dual eligible beneficiaries who have enrolled and disenrolled from the Cal MediConnect program. The July enrollment dashboard is [available here](#).

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](#).

Two New Research Reports Released on Cal MediConnect

In May, UCSF and UC Berkeley released a report, [*The Impact of Cal MediConnect on Transitions from Institutional to Community-Based Settings*](#). In August, a second report was issued entitled [*The Coordination of Behavioral Health Care Through Cal MediConnect*](#).

Centers for Medicare and Medicaid Services Releases Duals Demo Satisfaction Data

CMS released a report summarizing the Consumer Providers and Systems Survey (CAHPS) data, which measures member satisfaction in the duals demonstrations and the managed fee-for-service plans. The report is [available here](#).

On-the-Ground Reports and Advocacy Tips

Advocates Report Uptick in Improper Billing of Dual Eligibles

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. For dual eligibles enrolled in a Medi-Cal plan, the Medi-Cal plan is responsible for paying the Medicare provider the 20% co-insurance, if payable, 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%. Justice in Aging has an improper 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.

Email Address Change for Reporting Medicare Marketing Abuses

The Centers for Medicare and Medicaid Services (CMS) has changed the email address to submit reports of Medicare marketing abuses. The new email is PartCCCompliance@cms.hhs.gov.

Resources and Other Materials

Advocates Guide to California's Coordinated Care Initiative (Ver. 5)

In October 2016, 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](#).

Advocate CCI Presentation

DHCS released a slide presentation for advocates, Coordinated Care Initiative: Information for Advocates, [available here](#).

Denti-Cal Coverage for Adults

Dental coverage through Medi-Cal, known as Denti-Cal, is complicated. This [factsheet](#) provides a summary of what is and is not covered today and how to access Denti-Cal services.

Enrollment and Legal 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, 9am-5pm. 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 Christ at achrist@justiceinaging.org.