

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

## This Issue

[Announcements](#)

[Evaluation News](#)

[On-the-Ground Reports and Advocacy Tips](#)

[Resources and Other Materials](#)

## Announcements

### Cal MediConnect Extension Sought

The Cal MediConnect demonstration was originally a three-year pilot. In 2017, the demonstration was extended to a five-year pilot slated to end on December 31, 2019. On June 20, 2018, the Department of Health Care Services (DHCS) [submitted a request](#) to the Centers for Medicare & Medicaid Services (CMS) to extend the demonstration through December 31, 2020, which will align the Cal MediConnect demonstration with California's broader Medi-Cal 2020 1115 waiver.

### Brokers to be Permitted in Cal MediConnect

DHCS [announced a new pilot](#) that will allow brokers to market Cal MediConnect plans to dual eligible beneficiaries. In reversing a longstanding rule that prohibited brokers from marketing Cal MediConnect plans and despite [strong stakeholder opposition](#) to the proposal, DHCS is moving forward with the pilot starting January 1, 2019. Cal MediConnect plans were required to submit a request to participate in the pilot by June 30, 2018. While DHCS has indicated that existing Medicare Marketing Guidelines will apply, at this time, there are few details on what additional guidelines and consumer protections will be put in place to ensure that dual eligibles make informed enrollment decisions and are not improperly enrolled in plans that will cause disruption. Justice in Aging will provide additional resources regarding the broker policy as more details regarding the pilot emerge.

## Special Enrollment Period Changes for Most Dual Eligibles Coming in January 2019

Medicare beneficiaries generally have two times during the year in which they can make enrollment changes: during the annual election period October 15 through December 7, Medicare beneficiaries can enroll in a Medicare Advantage or Part D plan or change plans, and from January 1 through February 14, Medicare beneficiaries can disenroll from a plan. Dual eligibles, however, currently have a continuous special enrollment period (SEP) that allows them to enroll or disenroll from any Medicare plan, including Part D prescription drug plans, at any time throughout the year. This has been a very important consumer protection for dual eligibles to ensure they do not get locked into a plan that does not meet their needs. Unfortunately, the SEP for dual eligibles will no longer be continuous starting January 1, 2019. Instead, dual eligibles can only make enrollment changes once a quarter for the first three quarters of the year and during the annual election period. The SEP policy change can be found in the [Federal Register](#).

DHCS has [sought and received a waiver](#) from CMS to maintain the continuous SEP for duals enrolling into or disenrolling from Cal MediConnect plans. This means that dual eligibles in the seven Coordinated Care Initiative (CCI) counties will have the ability to enroll and disenroll from Cal MediConnect throughout the year without the quarterly restriction. Duals, however, enrolling in other Medicare products, including Medicare Advantage and Part D plans, in the CCI counties or in non-CCI counties, will only have the ability to enroll or disenroll once a quarter or during the annual election period.

Justice in Aging will be providing educational materials on these changes later this year. For additional information, [read our federal comments on the SEP changes](#) and [our comments on DHCS's Cal MediConnect SEP waiver](#).

## DHCS Releases Updated Cal MediConnect Performance Dashboards

In April 2018 and June 2018, DHCS released [new versions of the Cal MediConnect performance dashboard](#) with data on how well the Cal MediConnect plans are meeting the goals of the program. While the April dashboard contained new measures and information, it [raised significant questions](#) regarding the accuracy of the data and lacked measures to evaluate how well plans are meeting the long-term services and supports of enrolled beneficiaries. DHCS has committed to making ongoing improvements to the dashboard. For monthly Cal MediConnect enrollment data, [see the Medi-Cal Managed Care Enrollment Reports](#).

## DHCS Releases MSSP Transition Framework

In January 2018, [DHCS released a framework](#) to move forward with the transition of the Multi-Purpose Senior Services Program (MSSP) from a waiver benefit to a managed care benefit no earlier than January 1, 2020. The draft framework calls for Cal MediConnect and Medi-Cal plans to develop local transitional plans prior to the transition date. DHCS and the California Department of Aging (CDA) have also initiated a public process to obtain stakeholder feedback of the MSSP waiver renewal, holding stakeholder meetings in May and June 2018 in Northern and Southern California. Powerpoint slides from the meeting are [available here](#).

## Cal MediConnect Year Two 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 [second report](#), issued by CMS, summarizes how plans did in meeting these quality goals in demonstration year two and what percentage each plan received back of the quality withhold.

## DHCS Issues Dual Plan Letter on Non-Medical Transportation

In July 2017, health plans became responsible for providing non-medical transportation (NMT) to covered services. This means that all beneficiaries, whether enrolled in Cal MediConnect or just in a Medi-Cal plan, have unlimited transportation to covered services if they cannot secure their own mode of transportation. The [dual plan letter](#) makes it clear that Cal MediConnect plans can no longer limit this benefit to 30 one-way trips. The accompanying All Plan Letter can be [found here](#) and [FAQs](#). Note that advocates looking for assistance on arranging NMT for beneficiaries in fee-for-service Medi-Cal should email [DHCS-benefits@dhcs.ca.gov](mailto:DHCS-benefits@dhcs.ca.gov) and cc: [Raquel.Sanchez@dhcs.ca.gov](mailto:Raquel.Sanchez@dhcs.ca.gov).

## 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](#). The evaluation data should be used with other sources, like the DHCS performance and enrollment dashboards, to obtain a more complete understanding of how the demonstration is working.

## California Releases Four New Research Reports on Cal MediConnect

UCSF and UC Berkeley have released a number of reports on different aspects of the Cal MediConnect program including, [Provision of HCS through Cal MediConnect Plans](#); [Integration of Medicare and Medicaid in California: Provider Perspectives of Cal MediConnect](#); and [Coordinating Care for Duals through Cal MediConnect](#). UCLA's Center for Health Policy Research issued a report in September 2017 examining why dual eligibles decided not to participate in Cal MediConnect entitled, [Cal MediConnect Enrollment: Why are Dual-Eligible Consumers in Los Angeles County Opting Out?](#)

Rapid cycle polling also continued with the latest results reported in [December 2017](#).

## Centers for Medicare and Medicaid Services Performance Data for 2018 Available

CMS maintains performance data for all Medicare-Medicaid plans nationally, which is [available here](#).

The Bipartisan Policy Center also released a national report in August 2017, [Update on Demonstrations for Dual-Eligible Medicare-Medicaid Beneficiaries](#), including experiences from California, and the Medicare Payment Advisory Council (MedPAC) issued its annual report to Congress, [Medicare and the Health Care Delivery System](#), in June 2018, which includes an update on the status of the duals demonstrations federally and other issues impacting dual eligibles.

## On-the-Ground Reports and Advocacy Tips

### Advocates Report Uptick in Improper Marketing

Advocates have reported an uptick in problematic broker activity. Some brokers selling Medicare Advantage plans have made affirmative misrepresentations to beneficiaries and also approached

them at home or at supermarket parking lots, all of which violate Medicare Marketing Guidelines. Justice in Aging strongly encourages advocates to report all problematic broker activity. If advocates find clients who have encountered problematic or questionable marketing activity, reports should be filed to CMS at [PartCCompliance@cms.hhs.gov](mailto:PartCCompliance@cms.hhs.gov). Justice in Aging is also available for case consultations on the issue and can help advocates with systemic advocacy if the problematic behavior is widespread.

## Resources and Other Materials

### Advocates Guide to California's Coordinated Care Initiative (Ver. 6)

In December 2017, 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](#).

### Denti-Cal Coverage for Adults Restored

As of January 1, 2018, dental benefits to adult Medi-Cal beneficiaries were fully restored. This [beneficiary pamphlet](#), available in threshold languages explains what is covered and not covered. For more detailed information on oral health coverage for older adults, see our [Advocacy Guide, Oral Health for Older Adults in California](#).

### Resources for Improper Billing of Duals

Dual eligible beneficiaries continue to be improperly billed for covered services. Justice in Aging's [Improper Billing Toolkit](#) includes issue briefs, fact sheets, trainings, model letters, and other resources to help your clients with improper billing. Advocates should also note that Medicare beneficiaries who are Qualified Medicare Beneficiaries (QMBs) will begin seeing language identifying their QMB status and protections against Part A and B cost-sharing on Medicare Summary Notices sent quarterly to all Medicare beneficiaries. Providers who submit claims for QMBs to Medicare will find similar language on remittance notices. Justice in Aging will produce more resources on this issue later this fall.

### 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 beneficiaries review their 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 their 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](mailto:info@justiceinaging.org). If you have a question regarding the content of this document, please contact Amber Christ at [achrist@justiceinaging.org](mailto:achrist@justiceinaging.org).