JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Coordinated Care Initiative (CCI) ADVANCED: Benefit Package and Consumer Protections

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FIGHTING SENIOR POVERTY THROUGH LAW

Justice in Aging is a national non-profit organization that fights senior poverty through law. We secure health and economic security for older adults of limited income and resources by preserving their access to the courts, advocating for laws that protect their rights, and training advocates around the country to serve the growing number of older Americans living in poverty.

Visit us at - justiceinaging.org

Today's Discussion

- Overview of CCI
- LTSS Integration
- Benefit Package Summary
- Consumer Protections

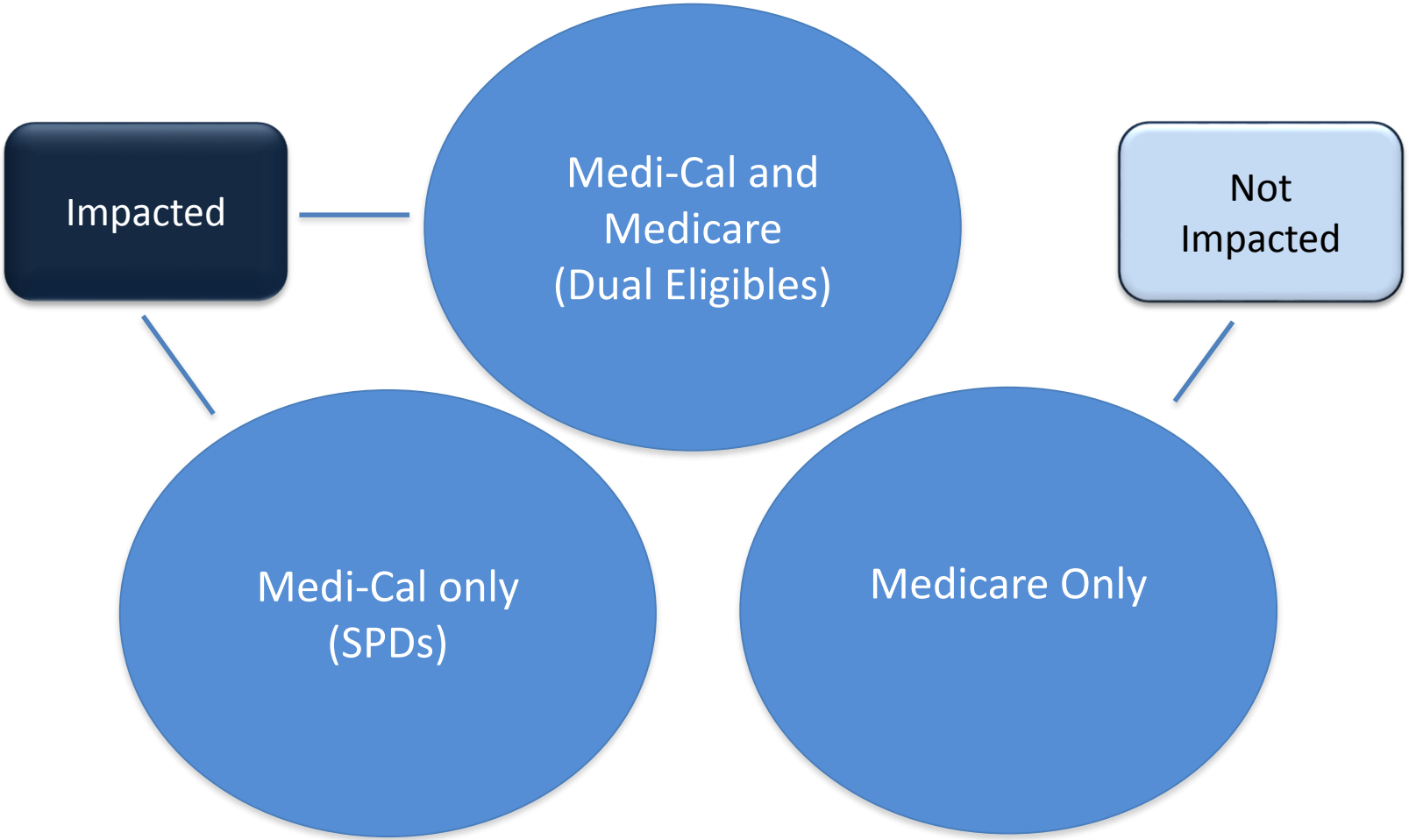
Glossary

- Coordinated Care Initiative (CCI)
  - Cal MediConnect
- Dual Eligible (Dual)
- Duals-Special Needs Plan (D-SNP)
- Fee-for-Service (FFS)
- Long Term Support and Services (LTSS)
  - In-Home Supportive Services (IHSS), Community Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), Nursing Facility
- Medi-Cal Managed Care
- Program of All-Inclusive Care for the Elderly (PACE)
- Seniors and Persons with Disabilities (SPDs)

CCI = three big changes

CCI Change	Description
Mandatory Medi-Cal Managed Care	Duals and previously excluded SPDs must in enroll in Medi-Cal Managed Care
LTSS Integration	LTSS added to Medi-Cal Managed Care plan benefit package
Medicare Integration (Cal MediConnect)	For duals, integration of Medicare and Medi-Cal benefits into one managed care plan.

CCI impacts duals & seniors and persons with disabilities with Medi-Cal



CCI: Who Is Impacted

Duals Excluded from Cal MediConnect

- End Stage Renal Disease (except COHS)
- Reside in certain LA County, Riverside, San Bernardino zip codes
- Resident of VA Home**
- Resident of an ICF-DD**
- Share of Cost not regularly met
- Other Health Insurance**
- DDS waiver or receiving services from a regional or dev center

Duals Who Can Participate but Will NOT be Passively Enrolled

- PACE Enrollees
- Enrolled in AIDS Healthcare Foundation
- Live in certain zip codes in San Bernardino County
- Enrolled in Kaiser; non-CMC D-SNP; MA Plan; FIDE-SNP
- Enrolled in NF/AH, HIV/AIDS, Assisted Living, IHO Waiver

**Totally excluded from the CCI (except in COHS counties)

Wrong Notices: Use Email Address

EMAIL: cmc.mltss@dhcs.ca.gov

•Routine plan changes and disenrollments should be handled with Health Care Options. Many beneficiaries can use continuity of care to see their providers while a routine plan change or disenrollment is in process. Beneficiaries should contact their plan to make this request.

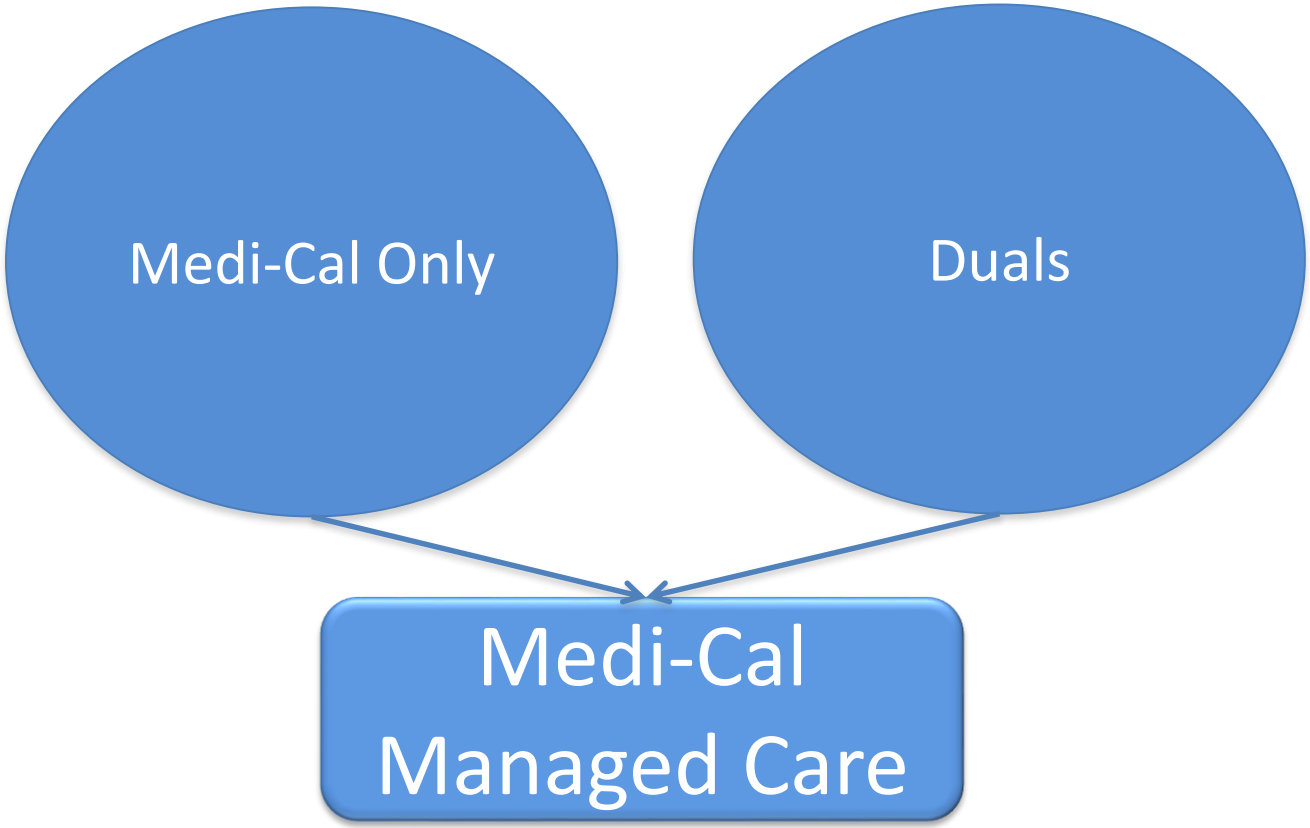
•Do not send personal health information or ID numbers through unsecured email. You can send an email request to the new inbox for a secure email from DHCS, and you can respond to that secure email with this information.

•You will receive a response to your request within 2 to 3 business days to confirm receipt and that DHCS is working on the issue. You will receive an email confirmation of the issue resolution.

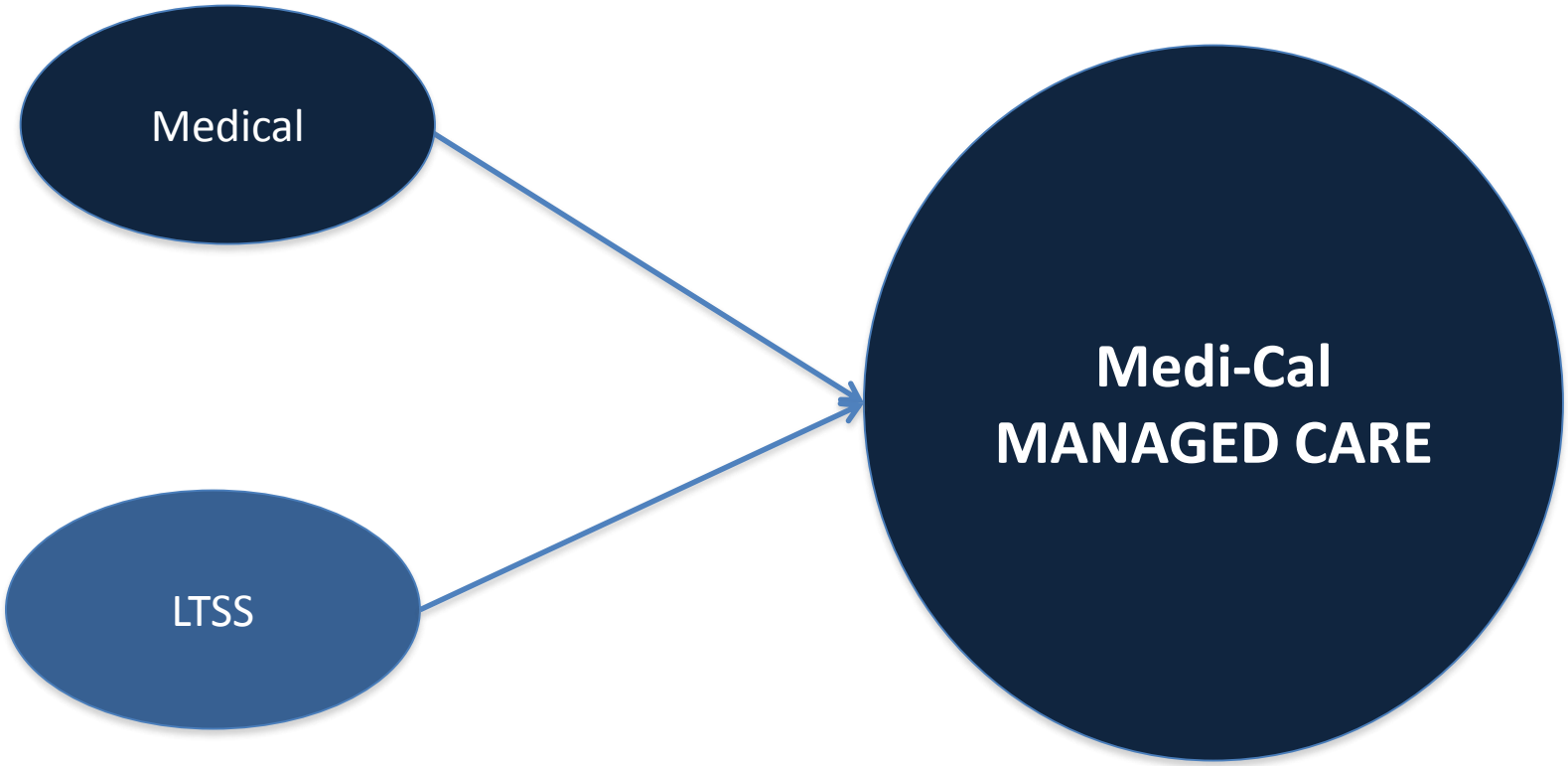
•You may not receive specifics on the case itself if you are not the authorized representative or the beneficiary.

Medi-Cal Managed Care is Mandatory

Even if a Dual Opts Out of Cal MediConnect, must still enroll in Medi-Cal MC



Medi-Cal Managed Care



New Medi-Cal Benefits

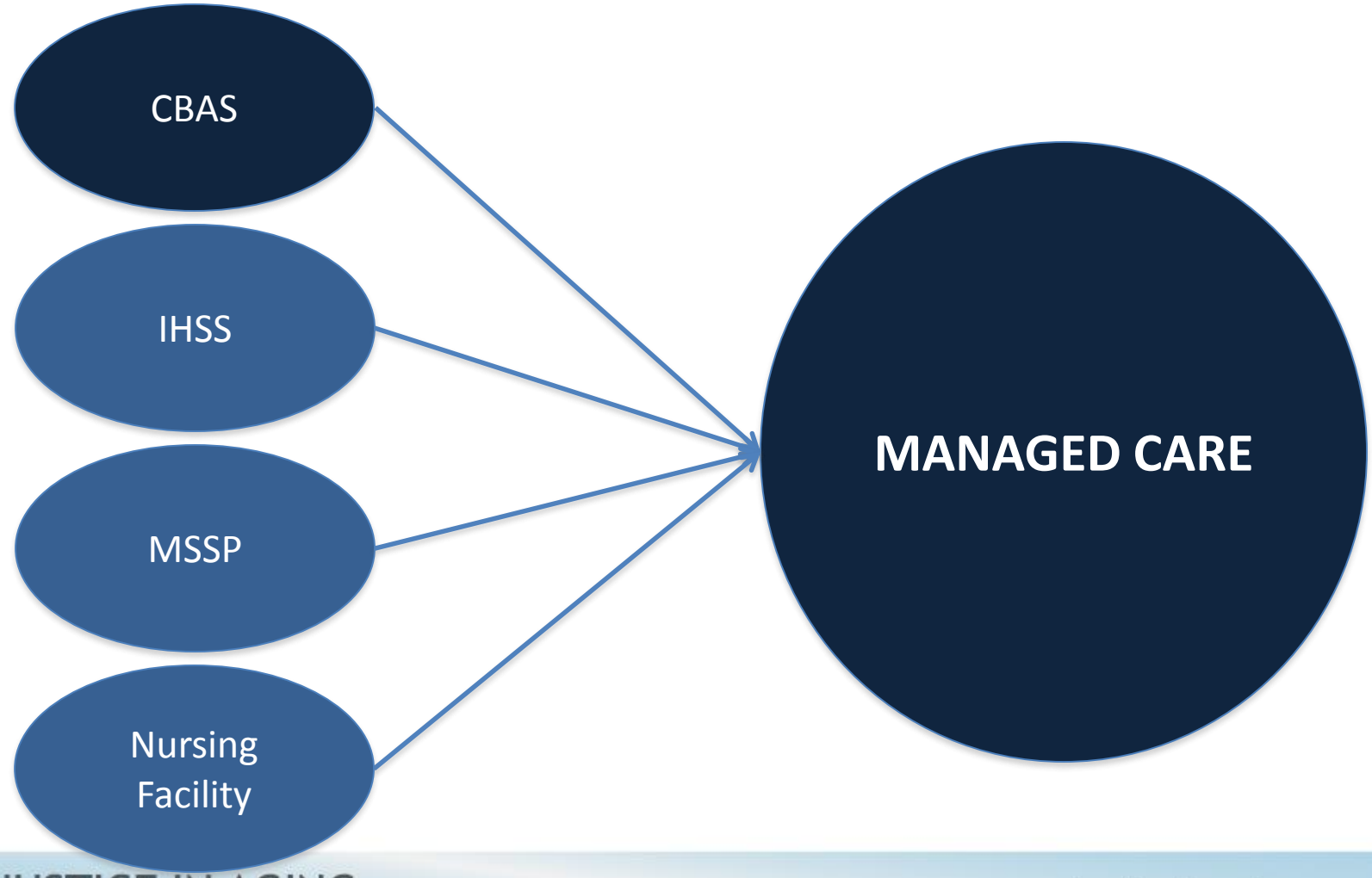
New Mental Health Benefit

January 1, 2014
New mental health benefit which is now available to all Medi-Cal recipients. Delivered through Medi-Cal plans

Dental

May 1, 2014
Dental benefits will be restored to all Medi-Cal recipients starting May 2014 delivered through Denti-Cal

LTSS and Managed Care



Cal MediConnect Benefits
Required Benefits

Required Benefits

- Medicare A, B, D
- Medi-Cal services including
  - LTSS: IHSS, CBAS, SNF, MSSP
- Vision
  - One routine eye exam annually; $100 towards eye glasses/contacts every two years
- Transportation to Medical Services
  - 30 1-way trips per year
- Care Coordination

Cal MediConnect Benefits
Care Coordination

Care Coordination

- Person-centered
- Focus on least restrictive setting
- Health Risk Assessment
- Individualized Care Plan
- Interdisciplinary Care Team

Available at:http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/DPL2013/DPL13-004.pdf

Cal MediConnect Benefits Care Plan Option Services

CPO Services

- HCBS-like supports and services
- Discretionary
- In addition to, not in lieu of required benefits
- Assessed during Health Risk Assessment (HRA)
- Plan appeal process

Available at: www.calduals.org; Summary available at: http://dualsdemoadvocacy.org/california
CPO All Plan Letter:
http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/DPL2013/DPL13-006.pd

Cal MediConnect Benefits
Carved Out Benefits

Carved Out Benefits

- County Administered and Financed
  - Specialty Medi-Cal Mental Health Benefits
    - Examples: intensive day treatment, portion of inpatient psychiatric services not covered by Medicare, day rehab, crisis intervention , adult residential treatment services
  - Medi-Cal Drug Benefits
    - Examples: Methadone therapy, day care rehab, naltrexone for narcotic dependence
- Dental Benefits

What is the Medi-Cal Plan Responsible For if You're a Dual and Not Enrolled in CMC

- The Medi-Cal plan is responsible for benefits Medicare does not pay for:
  - Long-Term Services and Supports – In-Home Supportive Services , MSSP, CBAS, and Nursing Facility Care
  - Medi-Cal transportation services
  - Durable Medical Equipment
  - Certain Prescription Drugs
  - Medi-Cal Supplies

- The Medi-Cal Plan Pays the Medicare Provider the 20% Co-Insurance
  - The Medicare provider DOES NOT have to be contracted with the Medi-Cal plan to bill the plan for the 20% co-insurance

Cal MediConnect: Continuity of Care

If certain criteria is met, a Cal MediConnect plan must allow a beneficiary the right to maintain his or her current out-of-network providers and service authorizations at the time of enrollment for a period of

Six (6) months for Medicare

Twelve (12) months for Medi-Cal services

Plans can provide extended continuity of care

http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/DPL2013/DPL13-005.pdf

Cal MediConnect: Continuity of Care

Criteria

1. Must have an existing relationship with the Provider

-Must see **PCP provider** at least **once** in 12 months proceeding enrollment in plan for non-emergency visit

-Must see **specialist** at least **twice** in 12 months proceeding enrollment in plan for a non-emergency visit

The plan must first use data provided by CMS and DHCS to determine pre-existing relationship. If relationship cannot be established through data, then plan can ask beneficiary to provide documentation of the relationship.

Cal MediConnect: Continuity of Care

Criteria

2. Provider must accept payment and enter into agreement with plan.

3. Provider does not have documented quality of care concerns

Cal MediConnect: Continuity of Care

Exceptions

Nursing Facilities – a beneficiary residing in a nursing facility prior to enrollment will not be required to change the nursing facility during the demonstration.

Durable Medical Equipment providers – no continuity of care for providers

Ancillary Services – no continuity of care for providers

Carved-out services – no continuity of care

IHSS – an individual does not need to make any request to continue to see an IHSS provider

Cal MediConnect: Continuity of Care

Prescription Drugs

Part D rules apply – one time fill of– a 30-day supply unless a lesser amount is prescribed – of any ongoing medication within the first 90 days of plan membership, even if the drug is not on the plan's formulary or is subject to utilization controls.

-Residents in institutions get further protections

-Part D rules apply to both Medi-Cal and Medicare-covered drugs

Cal MediConnect: Continuity of Care

Other Protections

Health plan must complete services for the following conditions:

-Acute

-Serious chronic

-Pregnancy

-Terminal illness

-Surgeries or other procedures previously authorized as part of documented course of treatment

CAL. HEALTH & SAFETY CODE § 1373.96(c)(1)

Cal MediConnect: Continuity of Care

Updates

- Providers can now request Continuity of Care
- Request must be processed within 3 days if there is risk of harm to the beneficiary (30 days is most time permitted)
- Retroactive Continuity of Care is permitted - Providers or beneficiary can now request continuity of care after service delivery
  - Request must come within 30 calendar days of first service following enrollment

Cal MediConnect: Continuity of Care

DISENROLL

-A beneficiary can disenroll from Cal MediConnect at any time for any reason.
-Disenrollment is effective the first day of the following month
-Must stay in Medi-Cal managed care

Medi-Cal Managed Care: Continuity of Care

- 12 months - keep seeing current providers and maintain service authorizations and receive services that are set to occur within 180 days of enrollment.
- Must have an "existing relationship"
  - Seen the provider at least once within 12 months (from date of plan enrollment)
- Provider must accept plan reimbursement rate or Medi-Cal rate
- Provider must meet quality of care standards
- Continuity of care does not extend to durable medical equipment, medical supplies, transportation, or other ancillary services
- Nursing facility residents can continue to reside in an out-of-network facility.

Medi-Cal Managed Care: Continuity of Care

- Medical Exemption Request (MER) for SPDs
  - Available in two-plan or GMC Counties
  - Acts to avoid enrollment in managed care entirely for a certain amount of time
  - Available to individuals with complex medical conditions (e.g., cancer)
  - Administered by Health Care Options (enrollment broker)

MER process not available to duals

Consumer Protections: Cont.

Other Consumer Protections

- Right to receive materials and services in their own language
  - Language, alternative formats
- Accessibility Rights
  - Reasonable modifications to enable people with disabilities to gain full and equal access to services
  - Physical accessibility where readily achievable
  - Plans required to receive training on disability discrimination and cultural competency

Local Advocates can help

- HICAP

  1-800-434-0222
- CCI Ombudsman

  1-888-804-3536

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- Justice in Aging Duals Website
  - Advocate's Guide
  - News
  - Sign up for alerts

  http://dualsdemoadvocacy.org/
- Contact us:
  - Denny Chan – dchan@justiceinaging.org
  - Amber Cutler – acutler@justiceinaging.org
- Department of Health Care Services
  - www.calduals.org