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

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Changes to the CCI Enrollment Timeline Announced. The Department of Health Care Services (DHCS) recently announced significant changes to the CCI enrollment timeline. The revised enrollment timeline is available [here](#).

Cal MediConnect Ombudsman Program Goes Live. The Cal MediConnect Ombudsman program went live on April 1, 2014, and can be reached by calling (855) 501-3077.

The Cal MediConnect ombudsman is operated by local nonprofit legal service organizations and assists Cal MediConnect beneficiaries with enrollment issues and appeals and grievances. The Ombudsman will also identify systemic issues and report them to DHCS and CMS so that they can be addressed. Because the Cal MediConnect ombudsman is operated by legal services agencies providing

assistance with health care coverage and services generally, the Ombudsman will not limit assistance to just Cal MediConnect issues but will assist with any CCI-related problems.

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](#).

DHCS Announced Proposal on Medicare Advantage/Duals Special Needs Plans Policy for 2015. DHCS released its proposal on how it will move forward with contracting with Medicare Advantage/Duals Special Needs Plans and how Cal MediConnect passive enrollment will impact beneficiaries in these plans. The proposal is available [here](#).

DHCS Finalizes All Plan Letter on Complaint and Resolution Tracking for Cal MediConnect Plans. DHCS released an all plan letter providing guidance to plans on how to track and report complaints and resolution of complaints on April 10, 2014, available [here](#).

DHCS Released CCI Enrollment Dashboard. The newly released CCI enrollment dashboard provides information such as the number of individuals who have been sent notices, the number enrolled in Cal MediConnect plans by county, and the number of individuals who have opted out of Cal MediConnect. The dashboard is available [here](#) and will be updated monthly.

News on Notices

DHCS Commits to Revised Notices. DHCS has stated that it is drafting revised Cal MediConnect notices, including a revised enrollment choice form. These notices will undergo beneficiary testing and are expected to be finalized within the next couple months.

Riverside, San Bernardino, and San Diego Enrollment and Notices

Cal MediConnect. Cal MediConnect passive enrollment in Riverside, San Bernardino, and San Diego counties started on May 1, 2014. Duals with April and May birthdays and duals already in a Medi-Cal managed care plan were enrolled into a Cal MediConnect plan with effective coverage starting May 1. Duals who decided not to participate in Cal MediConnect and who were not already in a Medi-Cal managed care plan had to select a Medi-Cal plan with effective coverage May 1.

MLTSS. The first set of 90-day notices directed to duals excluded from Cal MediConnect and Medi-Cal only beneficiaries not already in a Medi-Cal plan was sent for receipt by May 1. The notice was sent to individuals with August birthdays directing them to choose a Medi-Cal plan by August 1. If they do not make a selection they will be enrolled in a plan with an August 1 effective date.

Los Angeles County Enrollment and Notices

Cal MediConnect. Cal MediConnect passive enrollment in Los Angeles County starts on July 1, 2014. Duals with July birthdays and duals already in a Medi-Cal managed care plan will be enrolled into a Cal MediConnect plan with effective coverage starting July 1. Duals who decide not to participate in Cal MediConnect and who are not already in a Medi-Cal managed care plan will have to select a Medi-Cal plan with effective coverage July 1.

Duals with October birthdays were sent a notice in April informing them that they can sign-up voluntarily for Cal MediConnect. In May, these “voluntary notices” will be sent to individuals with November and December birthdays.

MLTSS. The first set of 90-day notices directed to duals excluded from Cal MediConnect and Medi-Cal only beneficiaries not already in a Medi-Cal plan was sent in April for receipt on May 1. The notice was sent to individuals with August birthdays directing beneficiaries to choose a Medi-Cal plan by August 1. If they do not make a selection they will be enrolled in a plan with an August 1 effective date.

Santa Clara County Enrollment and Notices

MLTSS: The first set of 90-day notices directed to duals excluded from Cal MediConnect and Medi-Cal only beneficiaries not already in a Medi-Cal plan will be sent in April for receipt on May 1. The notice was sent to individuals with August birthdays directing beneficiaries to choose a Medi-Cal plan by August 1. If they do not make a selection they will be enrolled in a plan with an August 1 effective date.

Santa Clara County is not moving forward with Cal MediConnect until January 2015.

Tables outlining the notices recently sent in each county follow.

Counties	Notice Type	Mailing Date	Targeted Population(s)
Riverside San Bernardino San Diego	Cal MediConnect 90-day	4/1/14	Duals with July birthdays
		5/1/14	Duals with August birthdays; duals in MSSP
	Cal MediConnect 60-day/Guidebook/Choice Form	4/1/14	Duals with June birthdays
		5/1/14	Duals with July birthdays
	Cal MediConnect 30-day	4/1/14	Duals with April and May birthdays; duals already enrolled in Medi-Cal managed care
		5/1/14	Duals with June birthdays
	90-Day MLTSS Notice	5/1/14	Duals excluded from or not subject to passive enrollment in Cal MediConnect with August birthdays; Medi-Cal only individuals not already in a Medi-Cal plan with August birthdays; MSSP beneficiaries excluded from Cal MediConnect

County	Notice Type	Mailing Date	Targeted Population(s)
Los Angeles	Cal MediConnect 90-day	4/1/14	Duals with July birthdays; duals already enrolled in Medi-Cal managed care
		5/1/14	Duals with August birthdays; MSSP beneficiaries eligible for Cal MediConnect
	Cal MediConnect Voluntary Notice	4/15/14	Duals with October birthdays
		5/15/14	Duals with November and December birthdays
	60-Day Cal MediConnect Notice/Guidebook/Choice Form	5/1/14	Duals with July birthdays; duals already enrolled in Medi-Cal managed care
	90-Day MLTSS Notice	5/1/14	Duals excluded from or not subject to passive enrollment in Cal MediConnect with August birthdays; Medi-Cal only individuals not already in a Medi-Cal plan with August birthdays; MSSP beneficiaries excluded from Cal MediConnect

County	Notice Type	Mailing Date	Targeted Population(s)
Santa Clara	90-Day MLTSS Notice	5/1/14	Duals excluded from or not subject to passive enrollment in Cal MediConnect with August birthdays; Medi-Cal only individuals not already in a Medi-Cal plan with August birthdays; MSSP beneficiaries excluded from Cal MediConnect

On-the-Ground Reports and Advocacy Tips

Notices Sent to Wrong Populations. There have been multiple instances where Cal MediConnect notices have been sent to excluded populations and to populations who are not scheduled for passive enrollment at this time. Contact the Cal MediConnect ombudsman if you believe a beneficiary received a Cal MediConnect or MLTSS notice in error.

Residents of ICF-DD Facilities

Rule: Individuals who reside in an Intermediate Care Facility for the Developmentally Disabled are excluded from the Coordinated Care Initiative and should not receive any notices regarding the Coordinated Care Initiative.**

**Residents of an ICF-DD in the CCI COHS counties (Orange and San Mateo) are required to enroll in a Medi-Cal managed care plan and LTSS will be added to their benefit package.

Individuals receiving services at a Regional Center

Rule: Individuals who receive services at a regional center are excluded from Cal MediConnect. Accordingly, they should not receive notices regarding Cal MediConnect. These individuals, however, will have to choose a Medi-Cal managed care plan and will receive notices directing them to select a plan by birth month.

Individuals with a diagnosis of End Stage Renal Disease (ESRD)

Rule: Individuals with an ESRD diagnosis are excluded from Cal MediConnect (except in the COHS counties). These individuals, however, will have to choose a Medi-Cal managed care plan and will receive notices directing them to select a Medi-Cal plan by birth month.

Individuals who have other health insurance

Rule: Individuals who have other health coverage (e.g., Tri-Care; employer-based coverage; or a Medi-Gap plan) are excluded from the Coordinated Care Initiative and should not receive any notices regarding the Coordinated Care Initiative.**

** In the COHS counties, individuals with other health coverage still must enroll in a Medi-Cal managed care plan and LTSS will be added to their benefit package.

Individuals in Home and Community Based Services (HCBS) waivers

Rule: Individuals in an HCBS waiver (e.g. Nursing Facility/Acute Hospital NF/AH waiver; In-Home Operations (IHO) waiver; or an Assisted Living (AL) waiver) are not subject to passive enrollment into Cal MediConnect and should not receive notices. If an individual in an HCBS waiver wants to participate in Cal MediConnect, they need to disenroll from their waiver in order to enroll in Cal MediConnect. Individuals in HCBS waivers will have to choose a Medi-Cal managed care plan and will receive notices directing them to select a plan by birth month.

Note: Individuals on an HCBS waiver waiting list are subject to passive enrollment into Cal MediConnect.

Individuals enrolled in a Medicare Advantage plan

Rule: Individuals enrolled in a Medicare Advantage plan are not subject to passive enrollment into Cal MediConnect until January 2015. Accordingly, they should receive their first Cal MediConnect 90-day notice in October 2014.

Many Medicare providers are confused about whether they can still get paid by Medi-Cal now that their patients must enroll in Medi-Cal plans. Medicare providers do not need to contract with Medi-Cal plans to be reimbursed for Medi-Cal payment of Medicare cost-sharing.

Individuals who decide to opt-out of Cal MediConnect or individuals not able to participate in Cal MediConnect still must enroll in a Medi-Cal managed care plan. For dual eligibles, this means that 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. If Medicare providers are telling beneficiaries that they can no longer see them because they are not part of the Medi-Cal plan, it is important to explain to the Medicare provider that she does not need to be contracted with the Medi-Cal plan to be paid. Like today, the Medicare provider will submit the claim to Medicare. Medicare will then send the claim to Medi-Cal. If the provider is owed anything by Medi-Cal, the health plan will pay the provider directly.

Direct misinformed providers to the following [fact sheet](#) on CalDuals.

Part D disenrollment notice causing confusion. Individuals eligible for Cal MediConnect receive Part D disenrollment notices approximately 10 days after receiving the 60-day Cal MediConnect notice. Currently these Part D disenrollment notices do not reference that the disenrollment was triggered by Cal MediConnect. There are numerous reports of beneficiary confusion caused by these notices.

To understand why individuals receive a Part D disenrollment notice, it is important to understand the timing of enrollment in Cal MediConnect.

Individuals who are eligible for passive enrollment into Cal MediConnect receive three enrollment notices starting 90 days before the effective date of coverage under a Cal MediConnect plan. At the same time the 60 day notice is sent to the individual, Medicare sends an enrollment notice to the Cal MediConnect plan informing the plan that the individual will become a member effective in 60 days. For example, if the individual is subject to passive enrollment into Cal MediConnect effective August 1, Medicare sends the enrollment file to the plan by early June. Early notice of the enrollment into the Cal MediConnect plan allows the Department of Health Care Services (DHCS) and the Centers for

Medicare and Medicaid Services (CMS) to start sharing data with the Cal MediConnect plans, so the plans are ready to serve beneficiaries on the first day Cal MediConnect coverage is effective.

At the same time that Medicare sends the enrollment notice to the Cal MediConnect plan, Medicare sends a notice to the beneficiary's current Part D plan informing the plan that the individual will be disenrolled from the Part D plan in 60 days. This is because the Cal MediConnect plan will become the individual's new Part D plan.

When the Part D plan gets notice of the disenrollment, the Part D plan is required to send a notice to the individual informing her that she is being disenrolled from the Part D plan. This notice is necessary since it informs the beneficiary that her Part D plan is changing. However, as of today, these Part D disenrollment notices do not reference Cal MediConnect. This is causing confusion for beneficiaries since they do not know that the Part D plan disenrollment is related to the Cal MediConnect passive enrollment.

The Part D notice directs the beneficiary to contact her Part D plan or 1-800-Medicare with questions. CMS has provided the Part D plans, 1-800-Medicare, and Health Care Options guidance on how to respond to beneficiary inquiries on this issue.

This problem is not unique to California. It has occurred in other states implementing a demonstration as well. DHCS and CMS are considering creation of an insert to accompany the 60-day Cal MediConnect notice that alerts the beneficiary to and explains the Part D disenrollment notice. A similar insert is now being used in some other states. CMS is also working on tailoring the Part D disenrollment notice to reference Cal MediConnect as the reason for the disenrollment.

If a beneficiary decides to keep her Part D plan, she must call the plan of 1-800-Medicare to effectively re-enroll. By re-enrolling in the Part D plan she is opting-out of Cal MediConnect. CMS has directed the Part D plans and 1-800 Medicare

to inform these beneficiaries that they need to contact Health Care Options to choose a Medi-Cal plan.

NOTE: The Part D plan will continue to provide prescription drug coverage until the first day the Cal MediConnect plan is effective. There should be no lapse in prescription drug coverage. If there is an unexpected gap in coverage, the LI NET program ensures that individuals are still able to obtain immediate prescription drug coverage. This [fact sheet](#) provides information on LI NET.

Opt-Outs may take up to 45 days to process, but are effective the first of the following month. When a beneficiary decides to opt-out of Cal MediConnect, beneficiaries will receive a notice informing them that it can take up to 45 days for all the relevant computer systems to reflect that enrollment decision. Despite this lag in processing, the individual's opt-out is effective the first day of the following month.

For example, an individual subject to passive enrollment on June 1st can opt-out of Cal MediConnect on May 30th. Her opt-out is effective as of June 1st. However, it may take 45 days for her records to reflect this change. Individuals who opt-out receive a confirmation notice of that opt-out approximately 10 days after they choose to opt-out. The individual can take her opt-out confirmation letter with her to her scheduled appointment and provide it as evidence that she is not in a Cal MediConnect plan.

Because opt-outs may take several weeks to process, many people are receiving Cal MediConnect notices and materials after they have opted out. For example, if a beneficiary opts-out 20 days after she received her 60-day notice, she is likely to receive a 30-day notice from Cal MediConnect and may also receive a welcome letter from the Cal MediConnect plan. It is important that individuals watch their mail for the opt-out confirmation. If there is any question as to whether the opt-out was recorded, the individual should call Health Care Options and confirm.

Upcoming Events and Trainings

NSCLC Trainings

CCI Advanced (Summary of Benefit Package and Consumer Protections) May 13, 2014, 10:00 a.m.

[Register Here](#)

To view NSCLC's past CCI Basic and Advanced trainings, please visit our [website](#).

CalDuals

Recorded DHCS webinars are available on the CalDuals [website](#).

Resources and Other Materials

California Health Care Foundation's report, "Seniors and persons with Disabilities Transition to Medi-Cal Managed Care" (April 23, 2014). Available [here](#).

UCLA Center for Health Policy and Research Webinar, "Promise or peril? How low income older Californians are faring in the face of major health care delivery changes" (March 19, 2014). Available [here](#).

This is a new NSCLC resource to help advocates keep abreast of the many developments in the roll out of the CCI. Please let us know how we can improve. We value your feedback. To submit comments, please email us at info@nsclc.org.

If you have a question regarding the content of this document, please contact Amber Cutler at acutler@nsclc.org.