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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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Announcements

NSCLC Releases County-Specific Fact Sheets on D-SNP Policy. The Department of Health Care Services (DHCS) recently released a new [Duals Special Needs Plan \(D-SNP\) policy](#) impacting beneficiaries residing in counties implementing the CCI. The National Senior Citizens Law Center (NSCLC) developed county-specific fact sheets that summarize the D-SNP policy and outline for advocates on how beneficiaries are impacted depending on the type of Medicare Advantage plan in which they are enrolled. The fact sheets are available [here](#).

CCI Enrollment Dashboard Available Through August 1. DHCS released the CCI enrollment data through August 1, 2014. The dashboard includes 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 new data is available [here](#).

DHCS Releases California-Specific Evaluation Design Plan. DHCS has released the California-Specific Evaluation Design Plan of the Cal MediConnect program available [here](#). The Centers for Medicare and Medicaid Services (CMS) contracted with RTI International to conduct the evaluation of Cal MediConnect. RTI will issue multiple reports throughout the implementation of Cal MediConnect analyzing Cal MediConnect's impact on beneficiary experience, the quality of care provided under the program, cost, and utilization.

NSCLC Releases Alert on Balance Billing of Dual Eligibles. Medical providers must accept as payment in full the amount they receive from Medicare and Medi-Cal. Providers are prohibited from “balance billing” or charging a dual eligible for any amount not covered by Medicare and Medi-Cal. For more information, please refer to our alert available [here](#).

News on Notices

DHCS Releases Tailored MLTSS Notices. DHCS has released updated MLTSS notices available [here](#) tailored for the two different populations who will receive these notices. These notices direct the beneficiary to choose **only** a Medi-Cal plan, and the two populations include: 1. Dual eligible beneficiaries excluded from Cal MediConnect or dual eligibles who are not subject to passive enrollment into Cal MediConnect; and 2. Medi-Cal only beneficiaries who previously did not have to join a Medi-Cal plan (e.g., Medi-Cal only nursing facility residents or Medi-Cal only beneficiaries with a share of cost).

The mandatory enrollment in a Medi-Cal plan impacts these two populations differently. For dual eligibles (or partial duals with Part B coverage only), the

Medi-Cal plan will only be responsible for providing benefits not covered by Medicare. Namely, these benefits include Long Term Services and Supports (IHSS, CBAS, MSSP, and nursing facility care) and the payment of the 20% coinsurance.

For Medi-Cal only beneficiaries (and partial duals with Part A coverage only), the Medi-Cal plan will be responsible for the delivery of all of the beneficiary's health care benefits. This population will have to decide which Medi-Cal plan is best based primarily on whether her providers are part of the Medi-Cal plan's network.

On-the-Ground Reports and Advocacy Tips

Santa Clara County Cal MediConnect Beneficiaries Received MLTSS Notices

Early. In order to prevent beneficiaries from receiving two sets of notices to choose plans within a short period of time, dual eligible beneficiaries eligible for Cal MediConnect in Santa Clara County were not supposed to receive MLTSS notices prior to their Cal MediConnect enrollment date. However, approximately 6,750 Cal MediConnect beneficiaries received MLTSS notices early for enrollment into MLTSS Medi-Cal plans in August, September, and October. Of those who received notices, approximately 2,250 were enrolled into a Medi-Cal plan effective in August. These beneficiaries will remain in the plan unless they decide to disenroll. The remaining beneficiaries who received notices slated for passive enrollment in September and October will not be enrolled into a Medi-Cal plan.

Advocacy Tip: Beneficiaries who received 90-day, 60-day, and 30-day notices for enrollment into a Medi-Cal plan in September and October will not, in fact, be enrolled into plans. DHCS will not be retracting the notices sent in error. Instead, they will receive Cal MediConnect notices for passive enrollment starting in Santa Clara County in January 2015. This may cause confusion for these beneficiaries. It is important to communicate that they received the MLTSS notices in error and explain that they will have to make a choice soon when they receive Cal MediConnect notices.

DHCS Mailbox For Cal MediConnect Notices Sent in Error. DHCS has created an email inbox that advocates can use to fix situations where beneficiaries have been or are at risk of being erroneously enrolled in Cal MediConnect. The situation arises when an individual not subject to passive enrollment erroneously receives an enrollment notice. The new email inbox is <mailto:cmc.mltss@dhcs.ca.gov>. DHCS has provided the following information about the new inbox:

- 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.

Reports of Opt-Out Problems for Some Beneficiaries. Some beneficiaries slated for passive enrollment into Cal MediConnect continue to report that they have not had their opt-out requests processed and were enrolled into Cal MediConnect plans. If you serve beneficiaries who are impacted by this issue, please contact [NSCLC](#) and the CCI Ombudsman at (855) 501-3077.

Upcoming Events and Trainings

NSCLC Trainings

CCI Basics, September 17, 2014, 3:00 p.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](#).

CalDuals also recently released additional fact sheets on the Coordinated Care Initiative available [here](#).

Resources and Other Materials

Kaiser Family Foundation Reviews Early Duals Demo Enrollment. The Kaiser Family Foundation released an article reviewing the first year of duals demo enrollment nationally available [here](#).

Medicare Marketing Violation SMART Form. If you believe that a beneficiary has been the victim of fraud or a marketing violation, please use the SMART form, available [here](#), to record and report the incident to the Centers for Medicare and Medicaid Services (CMS).

Payment of Medicare Deductible and Coinsurance Fact Sheet. Medicare doctors do not need to be contracted with a Medi-Cal plan to receive payment for

the Medicare deductible or coinsurance payment. Direct misinformed providers to the following [fact sheet](#) on CalDuals. Providers also cannot balance bill dual eligibles. See NSCLC's alert on balance billing available [here](#).

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, 9:00 a.m. - 5:00 p.m. To find the local program acting as the ombudsman in your county, visit the CalDuals [website](#).

This newsletter is intended 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 newsletter, please contact Amber Cutler at acutler@nsclc.org.