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

This Issue

[Announcements](#)

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

[Upcoming Events and Trainings](#)

[Resources and Other Materials](#)

Announcements

NSCLC is Changing its Name to Justice in Aging. On March 2nd, 2015, the National Senior Citizens Law Center will launch a new name and tagline – **Justice in Aging: Fighting Senior Poverty Through Law**. For 43 years, we've worked to ensure that low-income seniors have consistent access to health care and other services, are able to choose their doctors, and can afford their medicine and co-pays. Our work on behalf of California's dual eligibles, and others, will not change as we move forward with a new name and tagline. We still believe that preserving and expanding the social safety net programs that low-income seniors rely on is the best way to alleviate the stresses, harms, and indignities of poverty for aging Americans and create a world where everyone can age in dignity. After March 2,

you'll start to get emails from info@justiceinaging.org, acutler@justiceinaging.org, and dchan@justiceinaging.org. Please add these email addresses to your address book to be sure you continue to receive our updates.

New Cal MediConnect Enrollment Data Available. DHCS has released new Cal MediConnect enrollment data through January 2015. The data presented includes percentages of dual eligible beneficiaries who have enrolled, opted-out, and disenrolled from the Cal MediConnect program by county. The chart also includes a breakdown of enrollment data for IHSS consumers specifically. The data is available [here](#). The monthly enrollment dashboard for January 2015 is also now available [here](#).

NSCLC Releases Cal MediConnect Continuity of Care Fact Sheet. NSCLC has released a fact sheet for advocates entitled, "Cal MediConnect: Continuity of Care," summarizing the continuity of care protection for beneficiaries enrolled in Cal MediConnect plans. The fact sheet is available [here](#).

DHCS Releases All Plan Letter for MSSP Appeals and Grievances Under the CCI. DHCS has released an All Plan Letter (APL) to provide guidance to Multi-Purpose Senior Services Program (MSSP) providers, Medi-Cal plans, and Cal MediConnect plans regarding the grievance and appeal procedure for beneficiaries receiving MSSP waiver services. The APL is available [here](#).

DHCS Releases All Plan Letter on Continuity of Care. DHCS has released an All Plan Letter (APL) directing Medi-Cal plans to ensure that their enrolled members continue to be able to see their out-of-network providers under continuity of care. This APL supersedes APL 13-023 and provides more specific guidance, including, for example, the length of time Medi-Cal plans have to process a continuity of care request; how continuity of care applies to beneficiaries transitioning from Covered California plans to Medi-Cal plans; and the requirement that Medi-Cal plans must honor prior Treatment Authorization Requests (TARs) for individuals transitioning into a Medi-Cal plan. The APL is available [here](#).

On-the-Ground Reports and Advocacy Tips

Dual Eligibles Enrolled in Medi-Cal Plans Continue to Experience Problems Accessing Medi-Cal Covered Services. Dual eligible beneficiaries who opt-out of Cal MediConnect or who only have to join a Medi-Cal plan are having problems accessing their Medi-Cal covered services.

For the most part, a dual eligible will receive benefits that are primarily paid for by Medicare. There are, however, certain services that Medicare does not pay for, including non-emergency medical transportation, certain prescription drugs, most costs associated with durable medical equipment, and medical supplies (e.g. diabetic supplies, incontinence supplies, etc.). Prior to the CCI, dual eligibles would receive an authorization for these Medi-Cal covered services by obtaining a Treatment Authorization Request (TAR) or a prescription. Duals are reporting that when they join a Medi-Cal plan, the Medi-Cal plan is requiring them to obtain new authorizations for these previously covered services, leading to a delay and disruption in the access of these services.

The new All Plan Letter addressing continuity of care (APL 14-021), available [here](#), states that the Medi-Cal plan must honor a TAR for up to 60 days or until a new assessment is completed by the Medi-Cal plan. This should help to minimize disruptions beneficiaries are experiencing.

If your client is experiencing a problem accessing their Medi-Cal covered services, especially with transportation, please contact the CCI Ombudsman at (855) 501-3077.

Many Medicare Providers Still 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.

Dual eligibles who decide to opt-out of Cal MediConnect or duals not able to participate in Cal MediConnect still must enroll in a Medi-Cal plan. For dual eligibles, this means 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. 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%. This [fact sheet](#) explains how balance billing is prohibited in California. If your client has been billed by a Medicare provider, please contact Denny Chan at dchan@nslc.org.

Upcoming Events and Trainings

NSCLC Trainings

CCI Basics: Santa Clara County, February 17, 2015, 11:00 a.m. [Register Here](#)

CCI Advanced, February 24, 2015, 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](#).

Resources and Other Materials

How to Update Your Address. DHCS has provided a summary of how beneficiaries should update their address with either the county or Social Security to ensure that they are receiving notices. The summary is available [here](#).

Cal MediConnectToons. DHCS has created animated videos that describe the Cal MediConnect program available in both English and Spanish. The videos are available on [calduals](#) and you can also download them directly from <http://vimeo.com/calduals/videos>.

DHCS Physician Toolkit. DHCS has provided a Coordinated Care Initiative toolkit of factsheets and other information for providers. The toolkit is available [here](#).

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 **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.

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 is a 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.