



June 20, 2014

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

This Issue

[Announcements](#)

[News on Notices](#)

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

[Upcoming Events and Trainings](#)

[Resources and Other Materials](#)

Announcements

NSCLC Releases CCI Fix List. The National Senior Citizens Law Center (NSCLC) has developed a "Fix List" for tracking problems in the roll out of California's Coordinated Care Initiative (CCI) and efforts undertaken by DHCS and CMS to fix them. The list is intended to keep advocates and others informed of the current state of implementation in order to assist dual eligible beneficiaries who encounter problems during this important transition. NSCLC will update the Fix List regularly and keep it [posted here](#).

DHCS Offers Cal MediConnect Provider Look Up Tool. Beneficiaries can now utilize an online provider search tool for certain types of providers to ascertain whether a particular provider is in a Cal MediConnect plan. The online tool is available [here](#).

New Enrollment Timeline for MSSP Beneficiaries. DHCS announced that beneficiaries enrolled in the Multipurpose Senior Services Program (MSSP) will now be enrolled into the CCI in October 2014. MSSP dual eligible beneficiaries were previously slated for enrollment into Cal MediConnect in August 2014 in Los Angeles, Riverside, San Bernardino, and San Diego counties. MSSP beneficiaries not eligible for Cal MediConnect were previously slated for enrollment into Medi-Cal plans in August in Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara counties.

Note: If your MSSP client has received a Cal MediConnect notice or MLTSS notice, contact the CCI Ombudsman.

DHCS Releases Duals Plan Letter for Nursing Facility Services. DHCS released a duals plan letter on June 18, 2014, providing Cal MediConnect plans with guidance for the delivery of nursing facility services. The Duals Plan Letter is available [here](#).

News on Notices

The 60-Day Cal MediConnect Notice will Include a Part D Insert Starting in July. DHCS will include an insert with the 60-Day Cal MediConnect notices starting in July. The insert will explain to beneficiaries that their Part D plan will change if they do not make a choice about whether to join a Cal MediConnect plan. The insert will also explain that they will receive a notice about this change from their Part D plan. The insert is available [here](#).

Background: 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 minimize this confusion, DHCS is adding the Part D insert to the 60-Day Cal MediConnect notice.

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 September 1, Medicare sends the enrollment file to the plan by early July. 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 new Part D insert explains that a beneficiary will receive this Part D notice.

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.

On-the-Ground Reports and Advocacy Tips

DHCS Re-Enrolls Individuals Erroneously Disenrolled from their Medi-Cal Plan on June 1. Beneficiaries slated for passive enrollment into Cal MediConnect on July 1, 2014, and who are already enrolled in Medi-Cal plans were erroneously disenrolled from their Medi-Cal plan after calling Health Care Options or completing the choice form to opt-out of Cal MediConnect.

DHCS reports that it has reenrolled these individuals back into their Medi-Cal plans. If you serve beneficiaries who are experiencing problems related to this issue, please contact [us](#).

Notices Continue to be Mailed to Wrong Populations. Cal MediConnect notices continue to be mailed to excluded populations and to populations who are not scheduled for passive enrollment at this time. Contact the Cal MediConnect ombudsman (phone number below) 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 by birth month directing them to select a plan.

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 by birth month directing them to select a Medi-Cal plan.

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 individuals in an HCBS waiver program want 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 by birth month directing them to select a plan.

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 with a corresponding Cal MediConnect 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.

Advocacy Tip: Beneficiaries Should Contact Health Care Options to Make their Enrollment Decision. While beneficiaries have multiple agencies they can contact to try to effectuate their enrollment choice, contacting the state's enrollment broker, Health Care Options (HCO), is the most efficient and effective means to ensure a beneficiary's choice is recorded.

Beneficiaries have several ways they can choose not to participate in Cal MediConnect. For example, 1-800 Medicare can technically process a beneficiary's choice not to participate in Cal MediConnect. However, 1-800 Medicare cannot process which Medi-Cal plan a beneficiary wants to join. This means that a beneficiary would have to make two phone calls to properly record that he does not want to enroll in Cal MediConnect and to select which Medi-Cal plan he wants to select.

Similarly, a beneficiary may try to contact his current Part D plan and choose to stay in that Part D plan. However, the Part D plans have been directed to inform beneficiaries that they should contact HCO to make this choice since the beneficiary will need to elect a Medi-Cal plan.

Accordingly, beneficiaries should contact HCO to make their initial enrollment decision. Beneficiaries can also mail in their choice form to HCO. Only use the choice form that was mailed to them from the State.

HCO will send a confirmation of a beneficiary's choice to not participate in Cal MediConnect and beneficiaries should use this confirmation notice to demonstrate that they are not enrolled in Cal MediConnect.

Note: After a beneficiary is enrolled in Cal MediConnect and their coverage under Cal MediConnect has become effective, the most effective means of disenrolling

from Cal MediConnect is to contact 1-800 Medicare to disenroll and choose a new Part D plan.

Upcoming Events and Trainings

NSCLC Trainings

CCI Advanced, June 25, 2014, 1:00 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

UCLA Releases Policy Note on What Continuity of Care Means to Beneficiaries. The policy note is 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.

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 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.