



August 8, 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.

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Announcements

NSCLC Releases Updated CCI Fix List. The National Senior Citizens Law Center (NSCLC) 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 Fix List was first released June 10, 2014. An updated version is posted [here](#).

The list is intended to keep advocates and others informed of the current state of implementation in order to assist dual eligible beneficiaries and Medi-Cal only SPDs who encounter problems during this important transition.

Sacramento Court Rules in Favor of DHCS in CCI Lawsuit. On July 2, 2014, a group of Independent Living Centers, the Los Angeles County Medical Association, two dual eligible consumers, and a San Diego provider filed a lawsuit against the Department of Health Care Services in Sacramento County asking that the court stop CCI enrollment and disenroll all individuals enrolled into the program to date. On August 1, 2014, the court issued a ruling denying Plaintiffs' request to halt implementation of the CCI. A copy of the ruling is available [here](#).

DHCS Announces Changes to the CCI Enrollment Timeline. On August 1, 2014, DHCS announced that Alameda and Orange Counties will not move forward with CCI enrollment before July 2015. An updated version of the enrollment timeline is available [here](#).

DHCS Releases a Duals Plan Letter for Crossover Claims for Mental Health. On July 25, 2014, DHCS released a Duals Plan Letter (DPL) addressing crossover claiming responsibility for mental health services. The DPL is posted [here](#).

News on Notices

DHCS Mails New Versions of the 90-Day, 60-Day, and 30-Day Cal MediConnect Notices. DHCS began mailing the new versions of the 90-Day, 60-Day, and 30-Day Cal MediConnect notices to beneficiaries in August. These revised notices reflect recommendations DHCS received from beneficiary testing that was conducted by the Centers for Medicare and Medicaid Services. The revised notices are available [here](#).

DHCS plans on releasing a revised choice form, which is first scheduled to be mailed in September 2014, for those subject to passive enrollment in November.

Cal MediConnect Disenrollment Notices are Available Online. DHCS has posted the disenrollment confirmation notices beneficiaries receive when they disenroll or "opt-out" of Cal MediConnect. There are three versions of the notice

depending on when an individual decides not to participate in Cal MediConnect:

1. Opting out after the 90-day notice;
2. Opting out after the 60-day notice; and
3. Disenrolling after coverage has become effective. The notices are available [here](#).

Tables that outline the most recent notice mailings in each county follow.

Counties	Notice Type	Mailing Date	Targeted Population(s)
Los Angeles	Cal MediConnect 90-day	8/1/14	Duals with November birthdays
Riverside	Cal MediConnect 60-day/Guidebook/Choice Form	8/1/14	Duals with October birthdays; MSSP beneficiaries
San Bernardino	Cal MediConnect 30-day	8/1/14	Duals with September birthdays
San Diego			
	90-Day MLTSS Notice	8/1/14	Duals excluded from or not subject to passive enrollment in Cal MediConnect with November birthdays; Medi-Cal only individuals with November birthdays not already in a Medi-Cal plan.
	60-Day MLTSS Notice	8/1/14	Duals excluded from or not subject to passive enrollment in Cal MediConnect with October birthdays; Medi-Cal only individuals with October birthdays not already in a Medi-Cal plan; MSSP beneficiaries who are excluded from or not subject to passive enrollment in Cal MediConnect; Dual eligibles enrolled in a non-Cal MediConnect D-SNP or enrolled in a Medicare Advantage plan.
	30-Day MLTSS Notice	8/1/14	Duals excluded from or not subject to passive enrollment in Cal MediConnect with September

			birthdays; Medi-Cal only individuals with September birthdays not already in a Medi-Cal plan.
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County	Notice Type	Mailing Date	Targeted Population(s)
Santa Clara	90-Day MLTSS Notice	8/1/14	Duals excluded from or not subject to passive enrollment in Cal MediConnect with November birthdays; Medi-Cal only individuals with November birthdays not already in a Medi-Cal plan.
	60-Day MLTSS Notice/Guidebook/Choice Form	8/1/14	Duals excluded from or not subject to passive enrollment in Cal MediConnect with October birthdays; Medi-Cal only individuals with October birthdays not already in a Medi-Cal plan; MSSP beneficiaries who are excluded from or not subject to passive enrollment in Cal MediConnect; Dual eligibles enrolled in a non-Cal MediConnect D-SNP or enrolled in a Medicare Advantage plan.
	30-Day MLTSS Notice		Duals excluded from or not subject to passive enrollment in Cal MediConnect with September birthdays; Medi-Cal only individuals with September birthdays not already in a Medi-Cal plan.

On-the-Ground Reports and Advocacy Tips

Beneficiaries Who Opt Out of Cal MediConnect are Enrolled in Medi-Cal Plans Effective the Following Month. Dual eligible beneficiaries who opt-out of Cal MediConnect must still enroll in a Medi-Cal plan. The Medi-Cal plan will become effective the month after the beneficiary opts out and not necessarily the same month as the beneficiary's Cal MediConnect passive enrollment date. For example, if a beneficiary is slated for passive enrollment into Cal MediConnect in October 2014 and she opts-out of Cal MediConnect in August, she will be enrolled in the Medi-Cal plan as of September 1.

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. DHCS indicates that it is investigating these problems and developing fixes. If you serve beneficiaries who are impacted by this issue, please contact [NSCLC](#) and the CCI Ombudsman at (855) 501-3077.

Under the CCI, Dual Eligible Beneficiaries Can Be Enrolled in Two Different Managed Care Plans. In addition to Cal MediConnect plans, dual eligibles have the choice to enroll in a Medicare Advantage plan or Duals Special Needs Plan (D-SNP). Individuals who are enrolled in these plans for their Medicare benefits still need to choose a plan for their Medi-Cal benefits. In some instances, beneficiaries will be enrolled in non-matching plans. For example, a beneficiary enrolled in the SCAN health plan will have to choose a non-matching Medi-Cal plan. If your client receives a letter stating that he must disenroll from his Medi-Cal plan because it does not match his Medicare plan, please contact [NSCLC](#) and the CCI Ombudsman at (855) 501-3077.

Dual Eligible Beneficiaries Who Choose a Medi-Cal Plan Should Not Receive a Medi-Cal PCP Assignment. Generally, dual eligible beneficiaries who enroll in

a Medi-Cal plan only should not receive a Medi-Cal primary care physician (PCP) assignment. Instead, the beneficiary's Medicare provider will continue to act as the PCP. The Medi-Cal plan can only assign a PCP if the beneficiary requests an assignment or if the plan finds a PCP assignment is necessary after the plan conducts a health risk assessment.

Some beneficiaries are receiving PCP assignments on their Medi-Cal plan cards. This assignment sometimes leads the Medicare PCP to refuse to see the patient. If you serve a dual eligible beneficiary who has a Medi-Cal PCP assignment, you should contact the Medi-Cal plan to remove the assignment. The CCI Ombudsman can also assist with this issue. DHCS has also released a draft All Plan Letter addressing this issue for stakeholder comment.

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 CCI Ombudsman at (855) 501-3077 if you believe a beneficiary received a Cal MediConnect or MLTSS notice in error. Please refer to our prior alerts for a summary of the populations excluded from Cal MediConnect enrollment available [here](#).

DHCS has also 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 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.

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 Releases Brief Summarizing CMS's Evaluation of Duals Demonstrations. The Kaiser Family Foundation's Commission on Medicaid and the Uninsured released an issue brief summarizing CMS's evaluation plan of the duals demonstrations nationally. The issue brief 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.