

September 11, 2013

Coordinated Care Initiative (CCI) ADVANCED I: Benefit Package and Consumer Protections

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National Senior Citizens Law Center



The National Senior Citizens Law Center is a non-profit organization whose principal mission is to protect the rights of low-income older adults. Through advocacy, litigation, and the education and counseling of local advocates, we seek to ensure the health and economic security of those with limited income and resources, and access to the courts for all. For more information, visit our Web site at www.NSCLC.org.

Today's Discussion

Overview of CCI



LTSS Integration

Benefit
Package
Summary



Consumer Protections



Glossary

- Coordinated Care Initiative (CCI)
 - Cal MediConnect
- Dual Eligible (Dual)
- Duals-Special Needs Plan (D-SNP)
- Fee-for-Service (FFS)
- Long Term Support and Services (LTSS)
 - In-Home Supportive Services (IHSS), Community Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), Nursing Facility
- Medi-Cal Managed Care
- Program of All-Inclusive Care for the Elderly (PACE)
- Seniors and Persons with Disabilities (SPDs)



Implementation proposed to begin April 1, 2014

90 day notice 1/1

APRIL

1

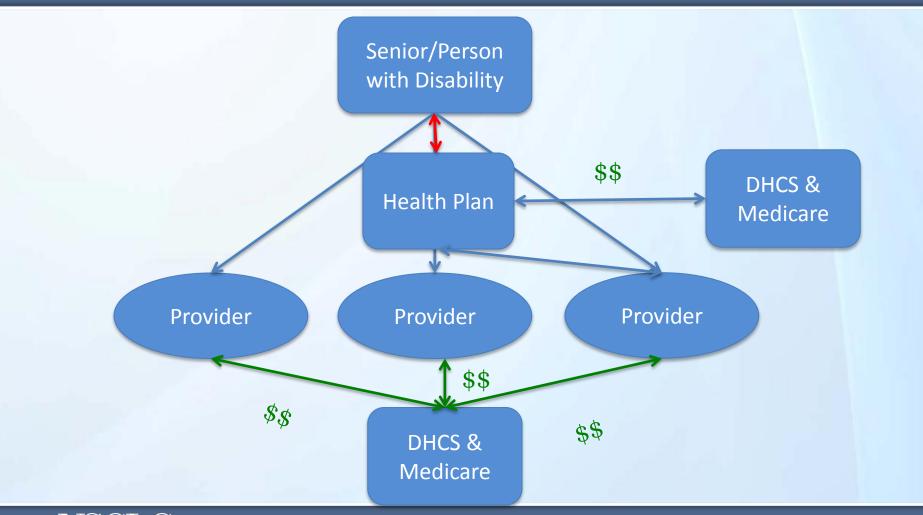


CCI = three big changes

CCI Change	Description	Federal Approval	
Mandatory Medi-Cal Managed Care	Duals and previously excluded SPDs must in enroll in Medi-Cal Managed Care		
LTSS Integration	LTSS added to Medi-Cal Managed Care plan benefit package	are Pending	
Medicare IntegrationFor duals, integration of Medicare andApplication of Medicare andApplication of Medicare andCal MediConnect)Medi-Cal benefits into one managed care plan.		Approved	

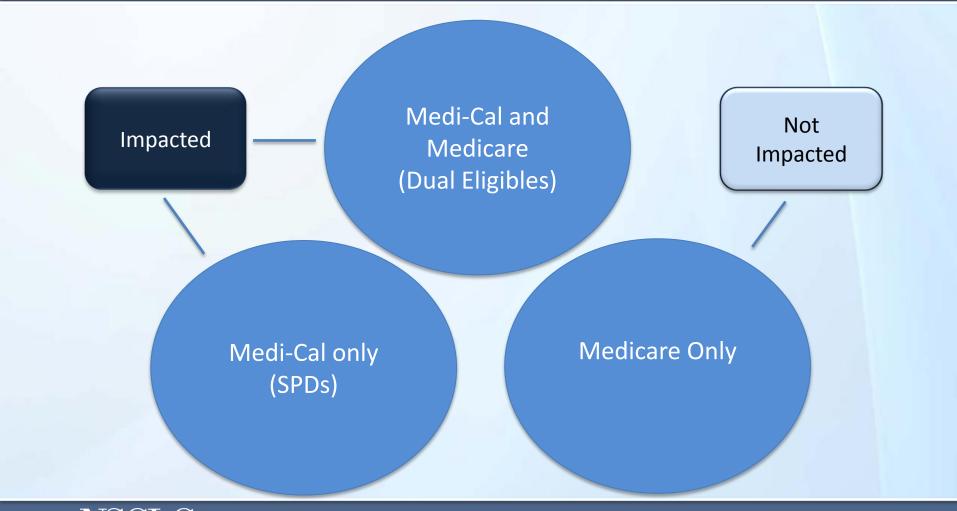


Managed Care: Plans paid to provide covered services via network providers





CCI impacts duals & seniors and persons with disabilities with Medi-Cal





Different groups of duals and SPDs are affected differently

- SPDs that are already required to enroll in Medi-Cal managed care
- SPDs that will remain exempt from mandatory Medi-Cal managed care enrollment
- Dual eligibles that will be passively enrolled into Cal MediConnect
- Dual eligibles that can enroll into Cal MediConnect, but will not be passively enrolled
- Dual eligibles that cannot enroll in Cal MediConnect



Cal MediConnect: Who is Impacted

Duals Excluded from MediConnect

- •End Stage Renal Disease (except COHS)
- •Reside in certain LA County, Riverside, San Bernardino zip codes
- Resident of VA Home
- Resident of an ICF-DD
- •Share of Cost not regularly met
- Other Health Insurance
- •DDS waiver or receiving services from a regional or dev center

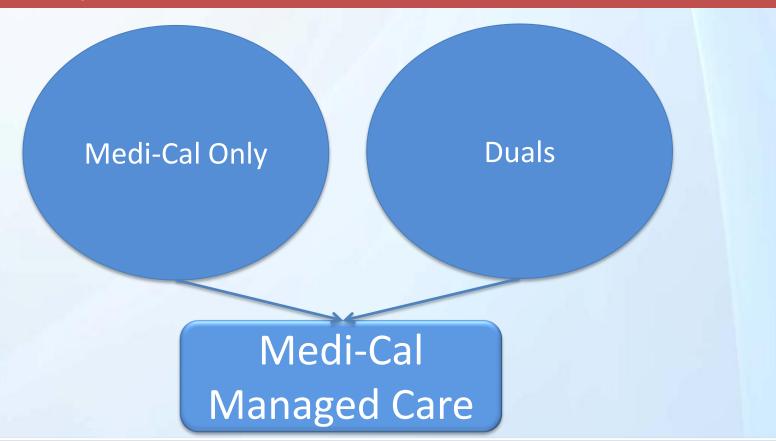
Duals Who Can Participate but Will NOT be Passively Enrolled

- PACE Enrollees
- •Enrolled in AIDS Healthcare Foundation
- •Live in certain zip codes in San Bernardino County*
- Enrolled in Kaiser
- Enrolled in NF/AH, HIV/AIDS, Assisted Living, IHO Waiver
- •Enrolled in Medicare Advantage including D-SNPs (2014)
- *Will receive notice of option to enroll



Medi-Cal managed care is mandatory

Even if a Dual Opts Out of Cal MediConnect, must still enroll in Medi-Cal MC



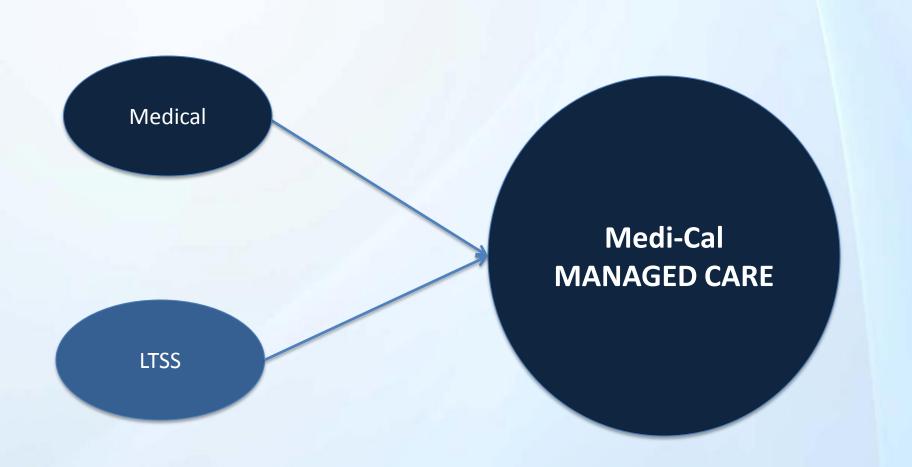


Total Impact: 1,010,000

County	Duals Subject to Passive Enrollment in Cal MediConnect (2014)	Medi-Cal MC Only
Alameda	25, 502	Unknown
Los Angeles	223,084 (200,000 cap)	Unknown
Orange	39,969	Unknown
Riverside	24,395	Unknown
San Bernardino	26,977	Unknown
San Diego	41,710	Unknown
San Mateo	3,701	Unknown
Santa Clara	32, 986	Unknown
Totals	418,324 (395,204 with cap)	592,000



Medi-Cal Managed Care





New Medi-Cal Benefits

Dental

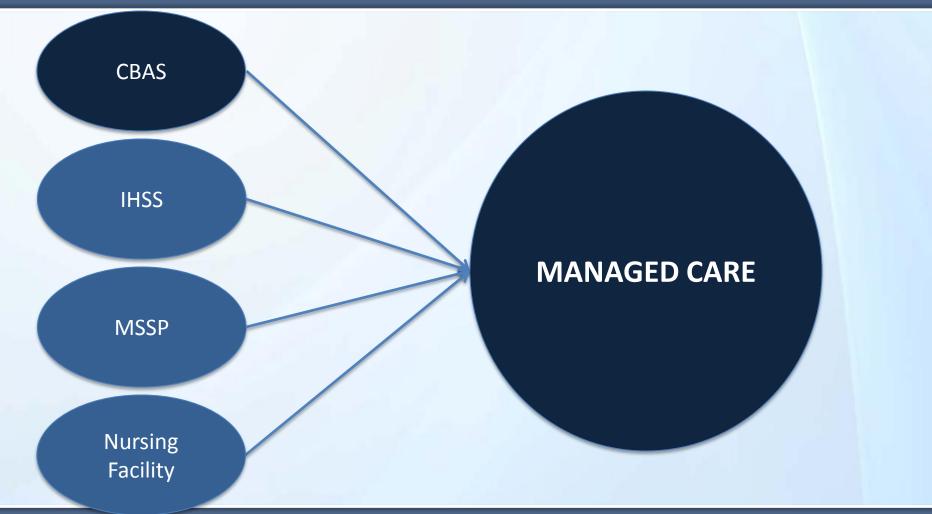
Dental benefits will be restored to all Medi-Cal recipients starting May 2014.

New Mental Health Benefit

new mental
health benefit
which will be
available to all
Medi-Cal
recipients.



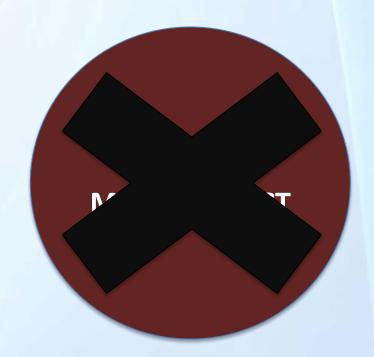
LTSS and Managed Care



HCBS Waivers

What About Individuals Enrolled in an HCBS Waiver?

MEDI-CAL MANAGED CARE PLAN





Cal MediConnect Benefits Required Benefits

Plans Required to Provide

- Medicare A, B, D
- Medi-Cal services including
 - New Mental Health benefit
 - Dental as of May 2014
 - LTSS: IHSS, CBAS, SNF, MSSP
- Vision
- Transportation
- Care Coordination



Cal MediConnect Benefits Care Coordination

Care Coordination

- Person-centered
- Focus on least restrictive setting
- Health Risk Assessment
- Individualized Care Plan
- Interdisciplinary Care Team

Available at: www.calduals.org;



Cal MediConnect Benefits Care Plan Option Services

CPO Services

- HCBS-like supports and services
- Discretionary
- In addition to, not in lieu of required benefits
- Assessed during HRA
- Plan appeal process

Available at: www.calduals.org; Summary available at: http://dualsdemoadvocacy.org/california



Cal MediConnect Benefits Carved Out Benefits

Carved Out Benefits

- County Administered and Financed
 - Specialty Medi-Cal Mental Health Benefits
 - Examples: intensive day treatment, portion of inpatient psychiatric services not covered by Medicare, day rehab, crisis intervention, adult residential treatment services
- Medi-Cal Drug Benefits
 - Examples: Methadone therapy, day care rehab, naltrexone for narcotic dependence



Cal MediConnect

- Keep seeing current providers and maintain service authorizations
 - •Medicare = 6 months
 - •Medi-Cal = 12 months
- Must have an "existing relationship"
 - •Seen the provider at least twice within 12 months (from date of request)
- Provider must accept plan reimbursement rate or Medicare or Medi-Cal rate
- Provider must meet quality of care standards
- Continuity of care does not extend to durable medical equipment,
 medical supplies, transportation, or other ancillary services



Cal MediConnect

- Prescription Drugs
 - Plans must follow Part D rules
 - One-time fill 1 30 day supply (even if not on plan's formulary)



Cal MediConnect

DISENROLL

- •A beneficiary can disenroll from Cal MediConnect at any time for any reason.
- Disenrollment is effective the first day of the following month
- Must stay in Medi-Cal managed care

Medi-Cal Managed Care

- •12 months keep seeing current providers and maintain service authorizations and receive services that are set to occur within 180 days of enrollment.
- Must have an "existing relationship"
 - •Seen the provider at least twice within 12 months (from date of plan enrollment)
- •Provider must accept plan reimbursement rate or Medi-Cal rate
- Provider must meet quality of care standards
- •Continuity of care does not extend to durable medical equipment, medical supplies, transportation, or other ancillary services
- •Prescription drugs must be refilled until provider informed and new plan is agreed upon by the provider that is appropriate.



Medi-Cal Managed Care

- Medical Exemption Request (MER)
 - Available in two-plan or GMC Counties
 - Acts to avoid enrollment in managed care entirely for a certain amount of time
 - Available to individuals with complex medical conditions (e.g., cancer)
 - Decided by Health Care Options (enrollment broker)



Consumer Protections: Cont.

Other Consumer Protections

- •Right to receive materials and services in their own language
 - Language, alternative formats
- Accessibility Rights
 - •Reasonable modifications to enable people with disabilities to gain full and equal access to services
 - Physical accessibility where readily achievable
 - Plans required to receive training on disability discrimination and cultural competency



Local advocates can help individuals

- HICAP1-800-434-0222
- Health Consumer Alliance
 www.healthconsumer.org/index.php?id=partners
- Disability Rights California
 www.disabilityrightsca.org/

Want to know more?

- NSCLC Duals Website
 - Advocate's Guide
 - News
 - Sign up for alerts

http://dualsdemoadvocacy.org/

- CCI Basics 9/18/13 2:00 p.m.
- Contact us:
 - Amber Cutler <u>acutler@nsclc.org</u>

- DREDF
 - www.dredf.org

- Department of Healthcare Services
 - www.calduals.org

