

CCI Advocates Alert

Protecting the rights of low income older adults

July 18, 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

CCI Enrollment Dashboard Available Through July 1. The Department of Health Care Services (DHCS) released the CCI enrollment data through July 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 July data is available here.

DHCS Releases Physician Toolkit for Stakeholder Comment. DHCS has released a toolkit for physicians covering a range of topics including care

coordination, continuity of care, and how physicians are paid under the CCI. The toolkit is available here. Comments on the toolkit should be submitted to info@calduals.org by Friday, **July 25, 2014**, at 12:00 p.m.

DHCS Releases All Plan Letter for Duals Special Needs Plans. DHCS released a revised All Plan Letter (APL) dated July 11, 2014, detailing how Dual-Eligible Special Needs Plans (D-SNPs) will be impacted by the CCI. The APL is available here.

In summary, the APL includes the following guidance:

Beneficiaries who are enrolled in a D-SNPs that is **not** operated by a Cal MediConnect plan (non-CMC D-SNP) as of December 31, 2014, will not be subject to passive enrollment into Cal MediConnect. For example, if a beneficiary is enrolled in the SCAN D-SNP before December 31, 2014, the beneficiary will not be enrolled into a Cal MediConnect plan since SCAN does not operate a Cal MediConnect plan. Note, however, that the beneficiary will still have to enroll in a Medi-Cal managed care plan. The matching policy no longer applies, so a beneficiary enrolled in the SCAN D-SNP will be enrolled in two different managed care plans because SCAN does not operate a Medi-Cal plan. After December 31, 2014, non-CMC D-SNPs will only be able to enroll dual eligibles into the D-SNP that are excluded from Cal MediConnect. This policy also applies to individuals enrolled in a Medicare Advantage plan.

Beneficiaries enrolled in a D-SNP that is operated by a Cal MediConnect plan will be subject to passive enrollment into Cal MediConnect on January 1, 2015. These beneficiaries will not be able to stay in the D-SNP. Instead, they can join the Cal MediConnect plan or they can return to fee-for-service Medicare. After December 31, 2014, the D-SNPs operated by Cal MediConnect plans will only be able to enroll beneficiaries who are excluded from Cal MediConnect.

A Group of Independent Living Centers, Providers, and Consumers Filed Lawsuit Calling for Halt of CCI. 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 the judge to stop CCI enrollment and disenroll all individuals enrolled into the program to date. A hearing on the lawsuit has been set for August 1, 2014. NSCLC is not involved in the lawsuit. More information is available here.

News on Notices

here.

DHCS Released New Versions of the 90-Day, 60-Day, and 30-Day Cal MediConnect Notices. DHCS has posted new versions of the 90-Day, 60-Day, and 30-Day Cal MediConnect notices. 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

DHCS Released MLTSS Choice Book. DHCS has posted the choice book beneficiaries will receive who only have to choose a Medi-Cal plan. These materials will be sent to beneficiaries who are excluded from Cal MediConnect or

Part D Insert Added to the 60-Day Cal MediConnect Notice Starting in July.

who have Medi-Cal only. The materials are available here.

DHCS is now including an insert with the 60-Day Cal MediConnect notice, which explains 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. Stakeholders alerted DHCS that the receipt of the Part D disenrollment notices was causing beneficiary confusion. To minimize this confusion, DHCS and CMS created the Part D insert to accompany 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

Reports of Opt-Out Problems for Some Beneficiaries. Some beneficiaries slated for passive enrollment into Cal MediConnect on July 1, 2014, who called Health Care Options or sent completed choice forms to Health Care Options to opt-out of Cal MediConnect did not have their opt-out requests processed. DHCS indicates that it is investigating this problem and developing a fix. If you serve beneficiaries who are impacted by this issue, please contact NSCLC and the CCI Ombudsman (phone number below).

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 September 2014 and she opts-out of Cal MediConnect in July, she will be enrolled in the Medi-Cal plan as of August 1.

MSSP Beneficiaries Slated for Enrollment in Cal MediConnect in October Received Notices Prematurely. Approximately 200 MSSP beneficiaries received Cal MediConnect notices in May and June. These beneficiaries have been directed to disregard these notices. DHCS will send new notices to these beneficiaries starting in July for enrollment into Cal MediConnect in October 2014.

Dual Eligible Beneficiaries Who Choose a Medi-Cal Plan Only Improperly Assigned a Medi-Cal Primary Care Physician. 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. 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.

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 (phone number below) 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.

Upcoming Events and Trainings

NSCLC Trainings

CCI Advanced, July 29, 2014, 11:00 a.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

Cal MediConnect Featured on PBS News Hour. PBS featured the Cal MediConnect program as it is being rolled out in San Diego County. The segment can be viewed 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 <u>fact sheet</u> 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 <u>website</u>.

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.