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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 Balance Billing Fact Sheet. NSCLC has released a fact sheet for advocates, "How Advocates Can Protect Clients from Balance Billing in California," summarizing the prohibition against balance billing for dual eligible beneficiaries and Medi-Cal beneficiaries for covered services. The fact sheet is available [here](#).

DHCS Releases All Plan Letter on Care Coordination Standards for Medi-Cal Plans Responsible for Long-Term Services and Supports. DHCS has released an All Plan Letter (APL) outlining the care coordination Medi-Cal plans must provide to dual eligible beneficiaries excluded from Cal MediConnect, duals who

opt-out of Cal MediConnect, and Medi-Cal only beneficiaries who will now receive their long-term services and supports through the Medi-Cal plan. The APL is available [here](#).

New Federal Lawsuit Filed to Halt Coordinated Care Initiative. On August 29, 2014, an Independent Living Center and three beneficiaries filed a federal lawsuit in United States District Court asking the Court to stop the implementation of the Coordinated Care Initiative. The plaintiffs are represented by the Medicaid Defense Fund and a private attorney. This lawsuit is separate from the state court lawsuit filed in early July. More information is available [here](#).

News on Notices

DHCS Releases Insert to Accompany Notices to Beneficiaries Currently Enrolled in a CMC D-SNP. DHCS has released an insert that will accompany notices to beneficiaries currently enrolled in a Duals Special Needs Plan (D-SNP) offered by a company that also offers a Cal MediConnect plan. The insert is available [here](#).

Beneficiaries enrolled in D-SNP that is operated by a company that also offers a Cal MediConnect plan, will not be able to stay in their D-SNP. Instead, beneficiaries will have the option to enroll in a Cal MediConnect plan, return to fee-for-service Medicare, or enroll in a non-Cal MediConnect D-SNP (if prior to December 1, 2014) or in a no-cost Medicare Advantage plan. For more information on the D-SNP policy, please refer to the D-SNP policy fact sheets available [here](#).

These beneficiaries will receive the same Cal MediConnect notices as other beneficiaries. These beneficiaries, however, cannot keep their Medicare the same. The D-SNP insert is intended to explain how the options for enrollment differ for this population.

DHCS Releases Integrated Denial Notice. DHCS has released an integrated denial notice that beneficiaries will receive when they are denied a service or benefit from their Cal MediConnect plan that includes a summary of the beneficiary's appeal rights. The denial notice is available [here](#).

On-the-Ground Reports and Advocacy Tips

Prepare Now for Cal MediConnect January Enrollment. Over 100,000 dual eligibles will be subject to passive enrollment on January 1, 2015. This number reflects dual eligibles living in six of the eight CCI counties: Los Angeles, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara counties. The number of duals subject to passive enrollment in January is large because three different populations are being enrolled: 1. Duals with January birthdays; 2. Duals who were reassigned to a Part D plan in 2014 or are subject to reassignment in 2015; and 3. Duals who are enrolled in a D-SNP operated by a plan that also sponsors a Cal MediConnect plan.

Part D Reassignees

Under current Medicare rules, beneficiaries who receive extra help (known as the Low Income Subsidy or LIS) to pay for their Part D cost sharing and who do not choose a Part D plan are automatically assigned to a benchmark plan by Medicare. A LIS recipient in a benchmark plan generally pays no monthly premium.

Since Part D plans change every year, it's possible that a plan that was a benchmark plan in 2014 will not be in 2015. If beneficiaries were to stay in a non-benchmark plan, they would owe monthly premiums. To avoid this situation, every year Medicare reassigns individuals enrolled in plans losing benchmark status to new benchmark plans. These beneficiaries are known as Part D reassignees.

Beneficiaries subject to reassignment in January 2014 or January 2015 will all be reassigned to Cal MediConnect plans on January 1, 2015.

Advocacy Alert: Part D reassignees who opt-out of Cal MediConnect prior to their effective coverage date in Cal MediConnect will be automatically reenrolled into their 2014 Part D plan. Since their 2014 plan is no longer a benchmark plan the dual eligible will be subject to a monthly premium. In order to avoid being enrolled into a non-benchmark plan, 2015 reassignees who opt-out of Cal MediConnect will need to contact 1-800 Medicare to choose a new benchmark Part D plan. DHCS and CMS are working on notices for this population that explain this issue. DHCS and CMS are also working on guidance for Health Care Options and 1-800 Medicare so that these entities will be able to outline what choices these beneficiaries face. Advocates will need to be ready to help beneficiaries who opt-out of Cal MediConnect decide whether they want to remain in a non-benchmark Part D plan (and be subject to cost sharing expenses) or choose a new benchmark Part D plan. More resources will be made available soon on helping to serve this population.

D-SNP Beneficiaries

Beneficiaries currently enrolled in a D-SNP operated by a Cal MediConnect plan will be subject to passive enrollment in January. These beneficiaries will be “crosswalked” into the corresponding Cal MediConnect plan. These beneficiaries cannot keep their Medicare the same. Instead, they will need to decide whether they want to 1. join a Cal MediConnect plan; 2. return to fee-for-service Medicare and choose just a Medi-Cal plan; 3. join PACE, if eligible; or 4. enroll in a Medicare Advantage plan. Beneficiaries enrolled in these D-SNPs will receive a special insert in their notices explaining these choices.

Duals Who Opt-Out Continue to Receive PCP Assignment. Dual eligible beneficiaries who opt-out of Cal MediConnect and choose only a Medi-Cal plan should not, in most circumstances, receive a primary care physician (PCP) assignment for their Medi-Cal plan. Instead, the Medicare provider will continue

to act as the beneficiary's PCP. If an assignment occurs, the beneficiary should contact the Medi-Cal plan to remove the assignment.

There are only two circumstances in which a Medi-Cal plan can assign a PCP: 1. where the beneficiary requests it; or 2. where the plan finds a PCP assignment is necessary after conducting a health risk assessment.

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.

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. If you serve beneficiaries who are impacted by this issue, please contact [NSCLC](#) and the CCI Ombudsman at (855) 501-3077.

Upcoming Events and Trainings

NSCLC Trainings

CCI Basics, September 19, 2014, 3:00 p.m.

[Register Here](#)

Medicare Marketing Guidelines and Cal MediConnect, September 23, 2014, 11:00 a.m.

[Register Here](#)

CCI Advanced, Consumer Protections & Benefit Package, September 29, 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

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. Providers also cannot balance bill dual eligibles. See NSCLC's alert on balance billing available [here](#).

NSCLC County-Specific Fact Sheets on D-SNP Policy. The Department of Health Care Services (DHCS) recently released a new [Duals Special Needs Plan \(D-SNP\) policy](#) impacting beneficiaries residing in counties implementing the CCI. The National Senior Citizens Law Center (NSCLC) developed county-specific fact sheets that summarize the D-SNP policy and outline for advocates on how beneficiaries are impacted depending on the type of Medicare Advantage plan in which they are enrolled. The fact sheets are available [here](#).

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.