



May 22, 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

Changes to the CCI Enrollment Timeline Announced. The Department of Health Care Services (DHCS) revised the enrollment timeline to reflect the new Medicare Advantage/D-SNP proposed policy. The current enrollment timeline is available [here](#). The proposed Medicare Advantage/D-SNP policy is available [here](#).

The Department of Managed Health Care (DMHC) Appointed a Conservator to Oversee Alameda Alliance for Health. DMHC issued a press release stating that it took possession of Alameda Alliance for Health on May 6,

2014, based on ongoing financial solvency issues. DMHC has filed an application with the Alameda County Superior Court asking the Court to confirm the appointment of a permanent conservator. The hearing on this application is set for June 2, 2014, in Hayward Superior Court before Judge Harbin Forte.

Department of Health Care Services is Conducting Tele Town Hall Meetings for Beneficiaries. The Department of Health Care Services (DHCS) is conducting Tele Town Hall Meetings on a monthly basis for beneficiaries who have received their 60-day Cal MediConnect notice. Beneficiaries are contacted by telephone to participate. The first meeting was held on May 15, 2014 and was simultaneously broadcast in English and Spanish.

News on Notices

No updates since previous alert.

On-the-Ground Reports and Advocacy Tips

Beneficiaries in Los Angeles County received 60-day Notices with LA Care Incorrectly Named as the Default Plan. As a result of receiving a Medicare low performing icon, LA Care is not currently permitted to accept passive enrollment into its Cal MediConnect plan unless a member is already in LA Care's Medi-Cal managed care plan. Nevertheless, 3,041 beneficiaries who had no Medi-Cal plan affiliation with LA Care received a 60-day notice incorrectly listing LA Care as the default Cal MediConnect plan.

These beneficiaries are scheduled to receive a new 60-day notice listing the correct default plan. These individuals are also scheduled to receive a phone call from Health Care Options to explain the mistake. To permit beneficiaries the full

60 days to make a choice after receiving the correct notice, these beneficiaries will be passively enrolled in August instead of July.

Residents in 40 zip codes in San Bernardino County Improperly Passively Enrolled into Cal MediConnect Plans. Beneficiaries residing in 40 zip codes in San Bernardino County are not subject to passive enrollment into Cal MediConnect or Medi-Cal plans. This is because only one plan is operating in these counties. The Department of Health Care Services (DHCS) announced that 308 beneficiaries residing in these zip codes were erroneously passively enrolled into a Cal MediConnect plan on May 1, 2014.

DHCS has cancelled the enrollment of these individuals into the Cal MediConnect plans. These individuals will automatically be reenrolled in their prior Part D plan and will receive a reinstatement notice from their Part D plan. These individuals are also scheduled to receive a phone call from Health Care Options to explain the mistake.

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 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 directing them to select a plan by birth month.

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

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 an individual in an HCBS waiver wants 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 directing them to select a plan by birth month.

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 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: Helping a Beneficiary Make a Choice with Health Care Options

By Mail: If you assist a client with filling out the choice form and mailing it to Health Care Options, it is important to maintain a record of the mailing date and a copy of the completed choice form for the client's record.

If the client has elected not to participate in Cal MediConnect, he should receive a confirmation of this decision from DHCS approximately fourteen days after the choice form is received by Health Care Options. If the client does not receive a confirmation letter, he should call Health Care Options and verify that his choice has been recorded and request a confirmation letter.

By phone: If you are assisting a client with contacting Health Care Options to make a choice by phone, it is important to document the date, time, and name of the Customer Service Representative assisting the client. You should also request a confirmation number, if available.

If the beneficiary has elected not to participate in Cal MediConnect, he should receive a confirmation of this decision from DHCS approximately fourteen days after calling Health Care Options. If the beneficiary does not receive a confirmation letter, he should call Health Care Options and verify that his choice has been recorded and request a confirmation letter.

Upcoming Events and Trainings

NSCLC Trainings

CCI Basics, June 5, 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

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.