

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Coordinated Care Initiative Fix List

The following table describes problems brought to the attention of the Justice in Aging during the implementation of the Coordinated Care Initiative (CCI). Justice in Aging has discussed each problem with the Department of Health Care Services (DHCS) and the Centers for Medicare and Medicaid Services (CMS). The list summarizes the remedial steps both agencies have taken and reported to advocates in response to each issue reported. This list is intended to keep the community abreast of the current state of implementation to better assist beneficiaries through this important transition. Justice in Aging will update this table regularly on our [DualsDemoAdvocacy](#) website.

Updates from the prior version are marked with an asterisk and are bolded.

Date issue was first identified		Description of Issue	Estimated Number of Beneficiaries Impacted To Date (if known)	Action Taken To Date
1	January and February 2014	Cal MediConnect eligible beneficiaries in Riverside, San Bernardino, and San Diego received untimely 90-day notices.	21,805	DHCS reports that notices are now being sent on a timely basis each month.
2	January and February 2014	Health Care Options (HCO) CCI dedicated call center was not yet operational. Beneficiaries calling HCO were often unable to get accurate information about the program.	Unknown	DHCS reports that HCO's CCI dedicated call center was up and running by March 2014 staffed by customer service representatives trained on the specifics of the CCI. A CCI specific Interactive Voice Response system was set up for this phone line.

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3	February 2014	Beneficiaries who received their 90-day Cal MediConnect notice in January did not receive their 60-day Cal MediConnect notice until March because, among other things, the 60 day notices were not ready in time for a February mailing. DHCS and CMS postponed passive enrollment from April to May for this population in response to advocate requests that beneficiaries receive the full 60 day notice period required by the MOU.	14,000	DHCS reports that the 60-day Cal MediConnect notices were mailed in March and beneficiaries were passively enrolled in May.
4	March 2014	Cal MediConnect eligible beneficiaries in Riverside, San Bernardino, and San Diego received untimely Choice Booklets and Forms.	18,122	DHCS reports that notices are now being sent on a timely basis each month.

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5	February 2014	As part of Medicare's regular enrollment rules, Medicare Part D disenrollment notices are being sent by Medicare Part D plans to all Cal MediConnect dual eligibles 7-10 days following the 60-day notice. The disenrollment notices initially did not reference Cal MediConnect.	Over 73,000	DHCS drafted and shared with stakeholders an insert to accompany the 60-day notice explaining the Part D disenrollment notice. Beginning with the July 2014 mailing, the insert will be included in the 60-day notice. *CMS reports that starting November 2014, Part D Plans began sending tailored notices referencing when disenrollments are due to passive enrollment into Cal MediConnect.
6	February 2014	Residents of ICF/DD facilities received both Cal MediConnect and MLTSS passive enrollment notices in San Diego County and Los Angeles counties even though they are excluded from the Coordinated Care Initiative.	Over 1,500	DHCS reports that it is has identified a more comprehensive data file that it is now using to identify these individuals. They believe this will significantly reduce the number of inaccurate notices sent to this population. They were also able to identify over 1,500 individuals in this population who had been enrolled into Cal MediConnect but were not actually eligible for enrollment. These individuals have been disenrolled. DHCS has also created an email address specifically for ICF/DD and regional centers and other improperly enrolled populations to submit beneficiary information.

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7	February 2014	90-Day MLTSS notices were sent to beneficiaries in Riverside, San Bernardino, and San Diego; the state subsequently decided to postpone MLTSS enrollment, in response to stakeholder requests.	9,210	DHCS has begun noticing beneficiaries for enrollment to start in August by birth month. DHCS has not taken additional action to provide notice to these individuals that the first 90-day notice is now inaccurate.
8	March 2014	Health Care Options inaccurately informed beneficiaries already enrolled in Medi-Cal managed care that they were receiving Cal MediConnect notices improperly.	476	DHCS reports that new training was given to HCO staff to inform them that dual eligibles already enrolled in Medi-Cal managed care had been enrolled in the first month of passive enrollment, not by their birth month.
9	March 2014	Dual eligibles receiving services at a regional center improperly received Cal MediConnect notices.	Unknown	DHCS reports that it is has identified a more comprehensive data file that it is now using to identify these individuals. They believe this will significantly reduce the number of inaccurate notices sent to this population. DHCS has created an email address specifically for regional centers and other improperly enrolled populations to submit beneficiary information.

Date issue was first identified		Description of Issue	Estimated Number of Beneficiaries Impacted To Date (if known)	Action Taken To Date
10	March 2014	Dual eligibles enrolled in Medicare Advantage plans received Cal MediConnect notices even though they are not scheduled for passive enrollment until January 2015.	1,081 to date	DHCS reports that it used to be the case that the Medicare Advantage data would be “synced” with state data once a month. According to DHCS, it now happens every other day, virtually eliminating this problem. DHCS and CMS report that dual eligibles who incorrectly receive notices will not be passively enrolled into Cal MediConnect and will receive reinstatement notices from their Medicare Advantage plans.
11	March 2014	Dual eligibles with an End-Stage Renal Disease diagnosis received Cal MediConnect notices.	485	DHCS reported that individuals received phone calls from HCO explaining that they received the notices in error.
12	March 2014	Dual eligibles with other health insurance (e.g. TriCare or a MediGap plan) received Cal MediConnect passive enrollment notices even though they are excluded from Cal MediConnect. These beneficiaries are calling HCO and are having to pick a Medi-Cal managed care plan to stay out of Cal MediConnect even though they are excluded from the requirement to enroll in a Medi-Cal plan.	Unknown	DHCS reports that it has educated the Ombuds office on this issue as options are explored for DHCS enrollment systems to obtain and properly flag this data. DHCS has created a website portal where beneficiaries and advocates can upload other health care coverage information directly to DHCS. The portal is available at www.dhcs.ca.gov/services/Pages/TPLRD_OCU_cont.aspx

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13	April 2014	Medicare providers have been refusing to continue seeing dual eligibles that have enrolled in Medi-Cal managed care plans out of concern that they will not be fully reimbursed for services.	Unknown	DHCS has developed a fact sheet for providers on this issue; CMS and DHCS have reported that they have reached out to some providers to address provider concerns. *DHCS released a provider toolkit that includes several resources to better explain the changes to providers and reports that it has increased provider outreach to minimize this issue.
14	April 2014	Medicare Part D plans improperly informed beneficiaries that they could not keep their Medicare Part D plan without a letter verifying the beneficiary opted out of Cal MediConnect.	Unknown	CMS is responsible for overseeing Medicare plans and reports it is conducting audits of the Part D plans to monitor and correct this issue. CMS issued guidance to Part D plans identifying appropriate messages around passive enrollment into CalMediConnect plans. This included referring individuals who want to opt out to HCO to ensure they are counseled about choosing a Medi-Cal plan. CMS conducted surveillance of Part D plans to ensure messages were being delivered appropriately.
16	April 2014	Individuals in HCBS waivers received Cal MediConnect notices even though they are exempt from passive enrollment.	627	DHCS has provided a fact sheet for advocates and provided training to HCO about what should be done if they are contacted by individuals in waivers who improperly received Cal MediConnect notices.

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17	April 2014	HCO improperly informed beneficiaries who opted out late in the month that they waited too long to opt out effective the first of the following month.	Unknown	<p>DHCS reports that HCO staff has been properly trained on this issue.</p> <p>DHCS reports that it continues to reinforce this issue in ongoing training of HCO staff.</p>
18	May 2014	Medicare Part D plans and 1-800-Medicare are not processing opt-out requests.	Unknown	<p>DHCS reports that these entities have been instructed to send callers to HCO to opt-out of Cal MediConnect and choose a Medi-Cal plan. In addition, there are systems limitations in that the Medicare Advantage Prescription Drug System (MARx) would reject re-enrollments into the PDP submitted between day 60 and day 30 (as it looks like the person is already enrolled in that PDP for the effective date, which would be the month before passive takes effect). DHCS and CMS continue to explore options.</p> <p>DHCS and CMS jointly created a process in May 2014 where opt-outs received through 1-800 Medicare would be routed through to DHCS for processing. DHCS receives a file monthly from CMS to process.</p>

Date issue was first identified		Description of Issue	Estimated Number of Beneficiaries Impacted To Date (if known)	Action Taken To Date
19	May 2014	Dual eligibles residing in zip codes in San Bernardino where passive enrollment is prohibited were passively enrolled into Cal MediConnect plans (without receiving any notice).	308	DHCS reports it sent notices to impacted individuals explaining the error; Part D reinstatement notices were sent; individuals received phone calls from HCO.
20	May 2014	Beneficiaries in Los Angeles County were improperly passively enrolled in LA Care.	3,041	DHCS reports that impacted individuals will not be passively enrolled into LA Care. They are scheduled to receive a new 60-day notice with the appropriate plan designation and will be contacted by phone by HCO to explain the error; passive enrollment is postponed one month for those individuals impacted. The new notice will not reference the error in the previous notice.

Date issue was first identified		Description of Issue	Estimated Number of Beneficiaries Impacted To Date (if known)	Action Taken To Date
21	May 2014	Beneficiaries who opted out of Cal MediConnect in March were passively enrolled into Cal MediConnect effective May 1.	421	<p>DHCS reports that individuals already enrolled in Medi-Cal managed care that were scheduled to be passively enrolled May 1 were miscoded in a computer system during the month of March. As a result, if they called HCO in March to opt out, the opt out was not processed.</p> <p>DHCS indicated that phone calls were placed to this group in May to confirm their enrollment choice. A subset of the group responded to this contact. At the end of July, DHCS indicated that it called those who did not respond to the first round of calls. If no contact was made on the second attempt, HCO call records were reviewed to determine if the person wanted to opt out in March. If they did, they were retroactively disenrolled from Cal MediConnect effective May 1 and placed into their previous Part D plan. DHCS reports that these cases have all been resolved.</p>
22	May 2014	Beneficiaries who opted out of Cal MediConnect in April were passively enrolled into Cal MediConnect effective May 1.	Unknown	DHCS researched specific examples provided by Justice in Aging on 5/19/14 and 5/28/14, and processed opt out transactions, and sent opt out confirmation notices to the beneficiaries. DHCS subsequently enrolled them into an MLTSS plan of their choice.

Date issue was first identified		Description of Issue	Estimated Number of Beneficiaries Impacted To Date (if known)	Action Taken To Date
23	May 2014	Beneficiaries who opted out of Cal MediConnect in April were passively enrolled into Cal MediConnect effective June 1.	55	<p>DHCS reports that individuals already enrolled in Medi-Cal managed care that were scheduled to be passively enrolled June 1 were miscoded in a computer system during the first three weeks of April. As a result, if they called HCO in April to opt out, the opt out was not processed.</p> <p>DHCS indicated that phone calls were placed to this group in May to confirm their enrollment choice. A subset of the group responded to this contact. At the end of July, DHCS indicated that it called those who did not respond to the first round of calls. If no contact was made on the second attempt, HCO call records were reviewed to determine if the person wanted to opt out in March. If they did, they were retroactively disenrolled from Cal MediConnect and placed into their previous Part D plan. DHCS reports that these cases were resolved by early August.</p>

Date issue was first identified		Description of Issue	Estimated Number of Beneficiaries Impacted To Date (if known)	Action Taken To Date
24	May 2014	Cal MediConnect beneficiaries who lose Medi-Cal eligibility do not receive notice of disenrollment from the Cal MediConnect plan, which leads to loss of their Part D plan and leads to confusion and access problems.	Unknown	<p>*DHCS reports that in the months prior to the beneficiary losing their Medi-Cal eligibility, the county is required to reach out to that beneficiary so that they can fill out the paperwork needed to determine if they can keep their Medi-Cal. If the county does not hear back from the beneficiary during that time, they will send a Notice of Action informing the beneficiary that they will lose their Medi-Cal coverage.</p> <p>DHCS reports that a separate CMC termination notice is provided to CMC beneficiaries informing them of their disenrollment from a CMC plan when their Medi-Cal eligibility terminates. The CMC termination notice is based on a template notice provided by CMS. DHCS and the Health Plan of San Mateo (HPSM) have adopted the template termination notice for use when a CMC beneficiary loses Medi-Cal eligibility.</p> <p>DHCS notes that the beneficiary has the right to appeal the Medi-Cal eligibility decision. These appeal rights are clearly set forth in the Notice of Action (NOA) sent out from the County in which the beneficiary resides. The filing of an appeal does not, however, stop the CMC disenrollment.</p> <p>DHCS continues to work with advocates on this issue and with CMC plans to adopt a deeming period for when a loss of Medi-Cal occurs.</p>

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25	May 2014	Beneficiaries were sent opt out confirmation notices containing the correct last name, but wrong first name.	3,378	DHCS reports that this was the result of a mail merge/field sort error. The mail was sent to the correct address for the last name, with the correct plan information. DHCS confirms that for these people the opt out request was processed. DHCS has mailed new notices with the correct names.
26	June 2014	Dual eligible beneficiaries already enrolled in Medi-Cal managed care plans in Los Angeles County were erroneously disenrolled from their Medi-Cal plans when they opted out of Cal MediConnect. Some beneficiaries who have been reenrolled into their plan continue to experience disruptions in care or have been assigned to a different PCP/IPA than they had previously.	2,400	DHCS reports that it identified beneficiaries impacted by this problem and has 1) processed their decision to opt-out of Cal MediConnect and 2) reenrolled beneficiaries into their previous Medi-Cal plans. DHCS reports the fix was put into place on June 3. DHCS also changed how opt outs are registered in the HCO computer system so that a decision to opt-out of Cal MediConnect will not trigger a decision to disenroll from Medi-Cal managed care. DHCS will be conducting regular checks to ensure that beneficiaries do not again experience this issue.
27	June 2014	MSSP beneficiaries slated for CCI enrollment in August 2014 did not receive enrollment notices in May and June.	Unknown	DHCS reports that it has delayed MSSP enrollment until October 1 to properly provide notice to MSSP beneficiaries.

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28	June 2014	MSSP beneficiaries who are slated for enrollment in October 2014 received Cal MediConnect notices in May, June, and July.	200	DHCS reports that it has identified the MSSP beneficiaries who incorrectly received notices and that it has reached out to the MSSP sites about the issue.

Date issue was first identified		Description of Issue	Estimated Number of Beneficiaries Impacted To Date (if known)	Action Taken To Date
29	June 2014	Dual eligible beneficiaries who opted out of Cal MediConnect more than 30 days prior to their passive enrollment date were enrolled in a Medi-Cal plan with effective coverage starting before their passive enrollment date.	Beneficiaries opting out of Cal MediConnect between day 60 and day 30.	<p>DHCS shared the following on the current process:</p> <p>“When beneficiaries call Health Care Options to opt out of Cal MediConnect, they either choose a Medi-Cal plan for their Medi-Cal benefits, or they are auto-assigned to a Medi-Cal plan.</p> <p>When this plan is chosen or assigned, HCO must process the enrollment transaction and mail a confirmation to the beneficiary within 7 business days. In most cases, the enrollment is effective the first of the following month. The MLTSS effective date thus may be earlier than the Cal MediConnect enrollment date would have been.</p> <p>Beneficiaries are informed of their Medi-Cal plan effective date both on the phone by the HCO customer service representative, as well as on the confirmation letter mailed to them within 7 days.”</p> <p>DHCS did not address the inconsistency in enrollment timing between this process and the policy as previously articulated.</p>

Date issue was first identified		Description of Issue	Estimated Number of Beneficiaries Impacted To Date (if known)	Action Taken To Date
30	July 2014	Beneficiaries who opted out of Cal MediConnect were passively enrolled into Cal MediConnect effective July 1.	Over 150	<p>DHCS has indicated that some of these enrollment issues are linked to the problem identified in 21 and 23 above.</p> <p>DHCS indicated that others were linked to a processing error. Opt out forms are being processed by hand at HCO and in some cases those processing forms entered the Medi-Cal plan enrollment choice without canceling the scheduled passive enrollment in Cal MediConnect. DHCS reports that the computer system has been refined to limit the opportunities for these errors.</p> <p>DHCS investigated whether there were additional systemic issues causing opt out processing errors, and implemented changes to prevent enrollment for those beneficiaries who have opted out of CMC.</p>

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31	July 2014	Beneficiaries who opt-out of Cal MediConnect are enrolled into a Medi-Cal plan and are erroneously assigned a PCP or IPA, which disrupts the beneficiaries' ability to see their Medicare providers.	Unknown	<p>DHCS agrees that under state law, Medi-Cal plans are not allowed to assign PCPs to dual eligible beneficiaries in MLTSS, except under limited circumstances.</p> <p>DHCS indicates that it has reached out to all Medi-Cal plans in CCI counties to reiterate these requirements.</p> <p>DHCS is still investigating whether the PCP assignment is happening at the plan level or somewhere else in the enrollment process.</p> <p>DHCS has drafted an All Plan Letter addressing PCP assignment that has been shared for stakeholder comment.</p> <p>*DHCS released a final All Plan Letter addressing this issue on November 24, 2014.</p>
32	July 2014	Beneficiaries who enroll in a non-CMC D-SNP were disenrolled from their non-matching Medi-Cal plan.	Unknown	<p>DHCS confirmed that beneficiaries in active CCI counties do not need to have matching Medicare and Medi-Cal plans.</p> <p>DHCS reports that it has reviewed procedures and has not identified this problem as a systematic issue.</p>

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33	July 2014	<p>In certain cases, the Authorized Representative designation with the County or the Social Security Administration is out of date or not available to customer service representatives at Health Care Options.</p> <p>This prevents Authorized Representatives from being able to communicate with Health Care Options.</p>	Unknown	<p>DHCS reports that it is the obligation of the County and the Social Security Administration to maintain information about Authorized Representatives and to make that information available to the State. It is the obligation of Authorized Representatives to keep that information up to date.</p> <p>*DHCS reports that SSA does not does not maintain information on Authorized Representatives for health care decision-making because it is not an SSA business function. DHCS is pursuing the issue with the Counties.</p>
34	July 2014	<p>Cal MediConnect plans are requesting information to establish continuity of care beyond the information needed to determine if continuity of care should be granted. They are also denying payment on requests that come after the service is provided.</p>	Unknown	<p>DHCS informed plans that they cannot require beneficiaries to submit information that is not necessary or relevant to making the determination of whether Continuity of Care requirements are met. DHCS required plans to submit revised policy documents in order to ensure compliance with this policy.</p> <p>*DHCS released a revised Dual Plan Letter addressing these Continuity of Care issues in September 2014.</p>

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35*	August 2014	<p>Dual eligible beneficiaries in Santa Clara County eligible for Cal MediConnect received MLTSS notices inconsistent with the enrollment timeline. These beneficiaries were only supposed to receive Cal MediConnect notices in October 2014 for enrollment starting in January 2015. Instead, these beneficiaries received notices for two transitions within a very short timeframe.</p> <p>A portion of these beneficiaries were enrolled in MLTSS plans.</p>	<p>6,750 received notices</p> <p>2,250 Enrolled</p>	<p>DHCS reports it stopped sending notices after discovering the issue. Beneficiaries who were not enrolled in MLTSS did not receive further notices.</p> <p>Beneficiaries who were enrolled in MLTSS remained enrolled.</p>
36*	August 2014	<p>Dual eligible beneficiaries who are linked to Medi-Cal through SSI are not able to appoint an Authorized Representative with the County.</p>	Unknown	<p>DHCS reports that SSA does not provide an applicant with an Authorized Representative (AR) Form for health care decision-making because it is not an SSA business function. DHCS reports it is exploring alternative methods to obtain and capture AR information that complies with State law, including working with the counties to input AR information for beneficiaries who become eligible through SSA among other options.</p>

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37*	August 2014	Health Care Options is requiring that a Power of Attorney or Conservator also be named as the Authorized Representative in order to process an enrollment decision on behalf of a beneficiary.	Unknown	DHCS reports it is currently exploring methods to store and retain attestations for ARs and others who have the authority under California law to contact HCO and make enrollment or disenrollment decisions on behalf of a dual eligible beneficiary in the demonstration counties.
38*	August 2014	Beneficiaries may not have a current address on file with DHCS and notices are being returned to DHCS as undeliverable. Consequently, beneficiaries report not receiving enrollment notices, but are passively enrolled into a plan.	5.4% (on average for all three notices and the choice packet)	DHCS reports that it checks beneficiary address data against Medicare data, and uses Medicare data when there is a discrepancy. DHCS states that it conducts an outbound call campaign to all beneficiaries who are sent passive enrollment notices to ensure they have received the notice, provide education, and to process a beneficiary's choice.
39*	August 2014	Plans report that they are not receiving accurate or complete contact information from DHCS and are consequently unable to reach the members who have been enrolled in their plans in order to conduct health risk assessments.	Unknown	DHCS reports that the Contract Management Team is working with the plans to identify and implement practices for locating and engaging hard to reach members. Examples include using claims data to identify pharmacies where members have recently filled prescriptions in order to obtain contact information, working with transportation vendors to locate members who use these services, etc.

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40*	August 2014	Dual eligible beneficiaries who joined a Medi-Cal plan only have reported being illegally billed co-pays by their Medicare providers.	Unknown	<p>DHCS advises that when these issues are identified, the individual should be encouraged to file complaints with 1-800-MEDICARE. DHCS reports that it is undertaking provider outreach efforts to educate Medicare providers about how to bill Medi-Cal plans for crossover claims.</p> <p>DHCS reports to be working directly with the health plans so that they can obtain crossover data from CMS for electronic claims processing. DHCS expects this process to be live in Fall 2015, after plans have completed testing.</p>
41*	September 2014	<p>Dual eligible beneficiaries who had opted-out of Cal MediConnect continued to appear as being enrolled in a Cal MediConnect plan in the Medicare MARx system.</p> <p>This issue caused disruptions in the beneficiaries' ability to see their Medicare providers.</p>	Unknown	CMS reports that it is investigating the five beneficiary examples Justice in Aging provided in September 2014. DHCS and CMS are working to resolve the system issues that caused the disenrollment transactions to be erroneously rejected by MARx.

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42*	September 2014	Health Care Options reported an up-to 45 day backlog in processing Cal MediConnect disenrollments.	Unknown	DHCS reports this issue was resolved as of September 2014, and that Cal MediConnect plans have reconciled the retroactive disenrollments.
43*	October 2014	Dual eligible beneficiaries enrolled in a Duals Special Needs Plan (D-SNP) received Cal MediConnect notices that were not tailored to their enrollment options.	Unknown	DHCS reports that it created an insert that explained the enrollment options for these beneficiaries. The insert was included with the 90 and 60-day Cal MediConnect notices. The 60-day insert was translated into all threshold languages.
44*	October 2014	In situations where a beneficiary was assigned to an IPA or PPG, Cal MediConnect plans were requiring members to request continuity of care to see a provider that was not within the IPA/PPG's network despite the provider being contracted with the plan.	Unknown	DHCS reports that it is currently updating the Continuity of Care Dual Plan Letter regarding this policy and is reviewing stakeholder comments.
45*	October 2014	MSSP sites report that dual eligible beneficiaries enrolled in MSSP have not received Cal MediConnect notices.	Unknown	DHCS reports that it is investigating why a large number of MSSP beneficiaries have not received Cal MediConnect notices.

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46*	October 2014	Dual eligibles enrolled in a D-SNP operated by a Cal MediConnect plan who wanted to choose a different Cal MediConnect plan were unable to effectuate this enrollment decision.	25	DHCS reports that it quickly identified this issue and put a system edit in place that allowed beneficiaries to choose a different Cal MediConnect plan.
47*	October 2014	DHCS changed the timeline for enrolling dual eligible beneficiaries into MLTSS plans from October 2014 by birth month to January 2015 by birth month. This change was not announced in advance resulting in confusion.	Unknown	DHCS reports that it updated its outreach and education materials to reflect the new timeline.
48*	October 2014	Dual eligibles in Medicare Advantage plans who were exempt from Cal MediConnect passive enrollment received Cal MediConnect 90-day notices in error.	10,000	DHCS reports that it discovered the error and stopped subsequent 60 day Cal MediConnect notices to, as well as Cal MediConnect passive enrollment, for this population. DHCS reports that it sent corrected MLTSS 90-day notices in November 2014.

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49*	October 2014	Dual eligible beneficiaries enrolled in Medi-Cal plans only report difficulty in accessing benefits covered by Medi-Cal (e.g., transportation, DME, incontinence supplies).	Unknown	<p>DHCS reports that it is working with plans and providers to identify any root-cause issues and solutions if needed. Plans now have the option to reach out to beneficiaries prior to the coverage taking effect in order to complete Health Risk Assessments. This allows plans to identify beneficiary needs sooner and ensure that benefits such as transportation, DME, and incontinence supplies are in place on the coverage effective date.</p> <p>DHCS reports that it will be implementing an edit to the AEVS system in March, which will allow providers to view pending managed care plan and dental enrollment up to 30 days before the effective date. This will allow providers to view pending plan enrollment and be able to reach out to members for Continuity of Care requests and/or help beneficiaries to make arrangements to receive their services and supplies.</p>

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50*	October 2014	<p>Dual eligible beneficiaries who selected PACE were sent enrollment materials from their backup plan during the 60-day PACE assessment period.</p> <p>This resulted in many beneficiaries to opt not to proceed with the PACE assessment.</p>	Unknown	DHCS reports that it put a system edit in place that cancelled passive enrollment into the backup plan for beneficiaries who had elected to be assessed by PACE.
51*	December 2014	Dual eligible beneficiaries whose Part D plan lost benchmark status in 2015 who opted out of Cal MediConnect in December were at risk of defaulting into their old Part D plan (instead of a 2015 benchmark plan) and thus be subject to premiums in 2015.	Unknown	<p>To mitigate this issue, CMS reports that it conducted a second reassignment sweep in early December to identify individuals who had opted-out of Cal MediConnect through the end of November and reassign them to benchmark Part D plans.</p> <p>Some beneficiaries who opted out of Cal MediConnect in December, however, may have been defaulted into non-benchmark Part D plans. To date, this issue has not been reported to CMS in 2015.</p>

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52*	January 2015	Cal MediConnect 60-Day notices sent to beneficiaries slated for enrollment in February had a different date listed than the choice form for the deadline to contact Health Care Options to make an enrollment choice.	Unknown	DHCS reports that this was a one-time error. DHCS believes beneficiaries were provided sufficient time to contact HCO. DHCS reports that it alerted HCO staff about the issue to ensure that enrollment choices were honored. Additionally, DHCS reports that it assessed the system logic and edits to the system were made so the same error will not occur in the future.