

Coordinated Care Initiative Fix List

The following table describes problems brought to the attention of the National Senior Citizens Law Center (NSCLC) during the implementation of the Coordinated Care Initiative (CCI). NSCLC 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. NSCLC will update this table regularly on our [DualsDemoAdvocacy](#) website.

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	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.
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 contain no reference to 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, and is planning to include the insert in the mailing at the end of June; CMS reports that the necessary systems changes will be in effect for PDPs to send tailored notices by the end of the year; in the interim CMS provided guidance to 1-800-Medicare and the Part D plans.

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6	February 2014	Residents of ICF/DD facilities received both Cal MediConnect and MLTSS passive enrollment notices in San Diego County even though they are excluded from the Coordinated Care Initiative.	Unknown	DHCS reports that it is continuously updating address logic to exclude this population based on county data and stakeholder feedback. Unfortunately, some residents continue to receive notices. Starting in January, DHCS conducted outreach to ICF/DD facilities and posted a fact sheet on CalDuals.org. Today, DHCS is unable to identify the dual eligibles who improperly receive notices so these individuals need to call HCO themselves to cancel the pending passive enrollment and to explain to HCO that they also are not required to join a Medi-Cal plan.
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.

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9	March 2014	Dual eligibles receiving services at a regional center improperly received Cal MediConnect notices.	Unknown	DHCS reports that it is continuously updating address logic to exclude this population based on county data and stakeholder feedback. Unfortunately, some residents continue to receive notices. Starting in January, DHCS conducted outreach to Regional Centers. Today, DHCS is unable to identify the dual eligibles who improperly receive notices so these individuals need to call HCO themselves to cancel the pending passive enrollment and to explain to HCO that they also are not yet required to join a Medi-Cal plan.
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.

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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.
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.
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.
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	DHCS reports that HCO staff have been properly trained on this issue.
18	May 2014	Medicare Part D plans and 1-800-Medicare are not processing opt-out requests.	Unknown	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.
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.

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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.
21	May 2014	Beneficiaries who opted out of Cal MediConnect in March were passively enrolled into Cal MediConnect effective May 1.	421	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. DHCS has begun calling the approximately 421 individuals who are in the impacted group and for whom HCO has a record of a call to ensure their enrollment choice is processed. To date, DHCS has not indicated how many of the impacted individuals have been reached and whether their choices have been effectuated.

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22	May 2014	Beneficiaries who opted out of Cal MediConnect in April were passively enrolled into Cal MediConnect effective May 1.	Unknown	DHCS is researching specific examples provided by NSCLC on 5/19/14 and 5/28/14.
23	May 2014	Beneficiaries who opted out of Cal MediConnect in April were passively enrolled into Cal MediConnect effective June 1.	55	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. DHCS has called the approximately 55 individuals who are in the impacted group and for whom HCO has a record of a call to ensure their enrollment choice is processed. To date, DHCS has not indicated how many individuals have been reached and whether their choices have been effectuated.
24	May 2014	Beneficiaries who lost Medi-Cal eligibility were disenrolled from their Cal MediConnect plan. The disenrollment from the plan occurred before notice of the disenrollment was sent by the plan leading to confusion and access problems.	Unknown	Unknown

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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.