



National Senior Citizens Law Center

Protecting the Rights of Low-Income Older Adults

February 28, 2013

CCI BASICS: Preparing for Changes for Dual Eligibles in Alameda County

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Senior Services Coalition of Alameda County

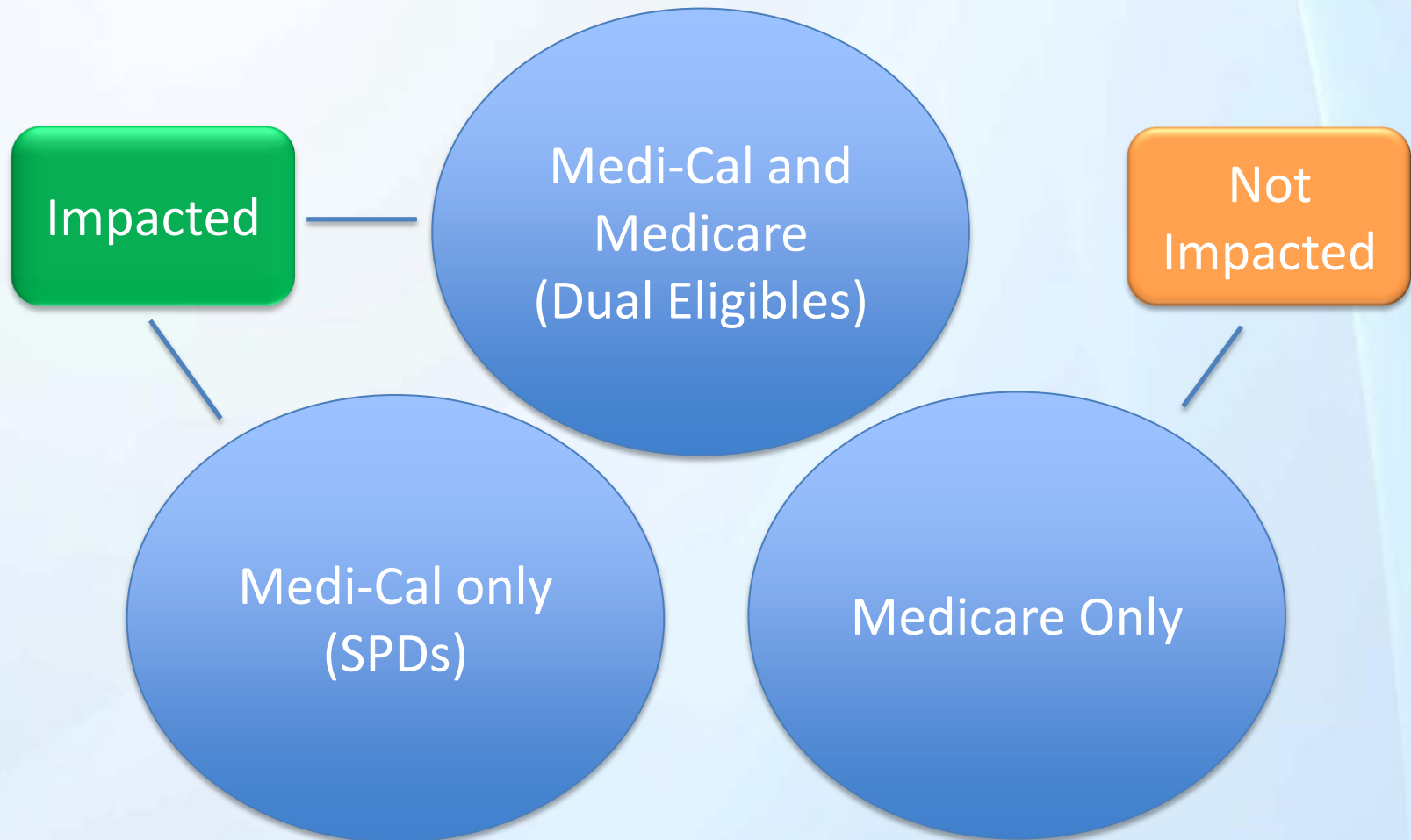


National Senior Citizens Law Center

Protecting the Rights of Low-Income Older Adults

The National Senior Citizens Law Center
advocates nationwide to promote the
independence and well-being of
low-income elderly and disabled Americans.

CCI impacts seniors and persons with disabilities with Medi-Cal



SPDs and Dual Eligibles

SPDs

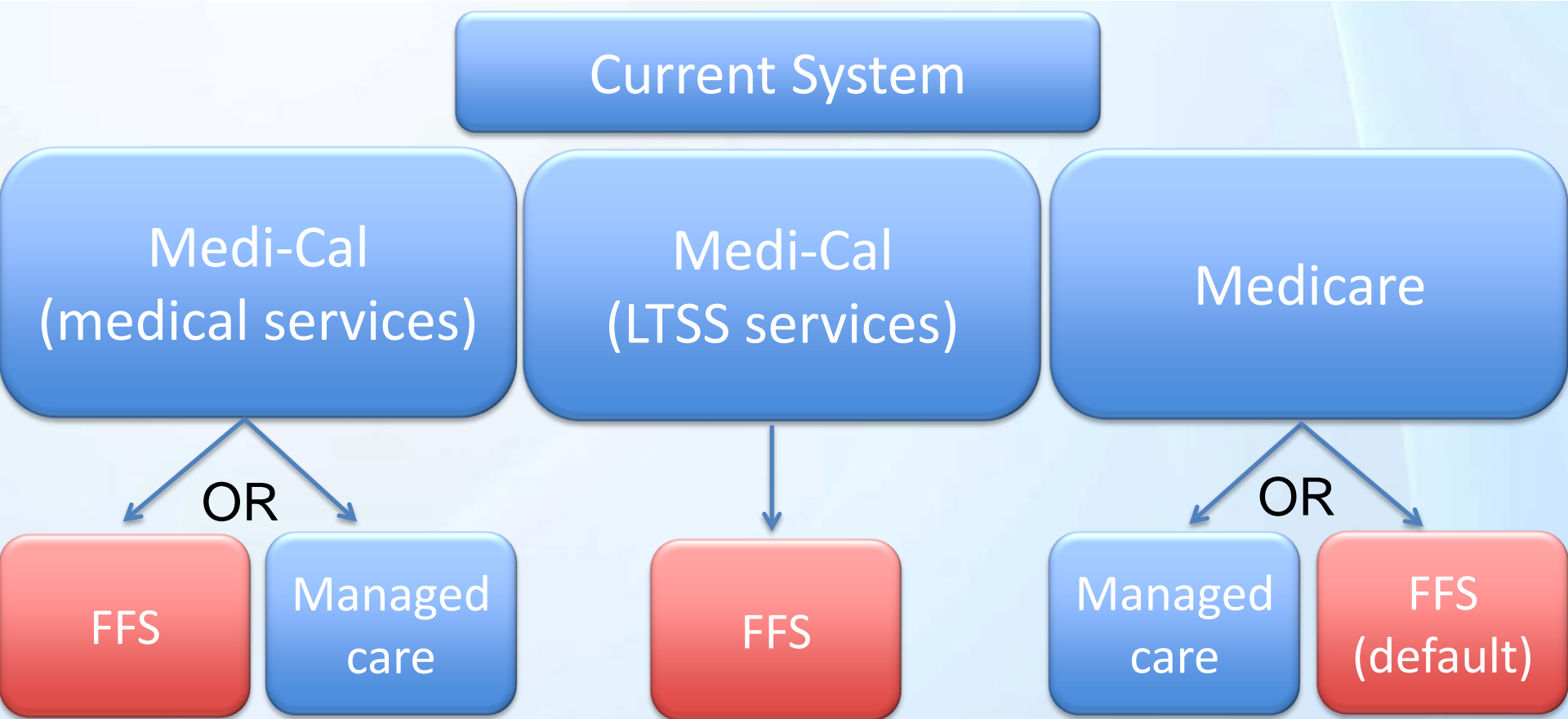
- Medi-Cal: medical, DME, BH and LTSS
- Mandatory Medi-Cal managed care enrollment

Dual Eligibles

- Medicare: hospital, outpatient, DME, Rx, limited LTSS and BH
- Medi-Cal: Medicare premiums/cost-sharing and LTSS
- Currently, no Medi-Cal managed care requirement



CCI = big changes for beneficiaries and the delivery system



****Behavioral Health**



CCI makes 3 different changes to the system

Mandatory Medi-Cal MC

- Dual eligibles must enroll in Medi-Cal Managed Care (MC)

LTSS Integration

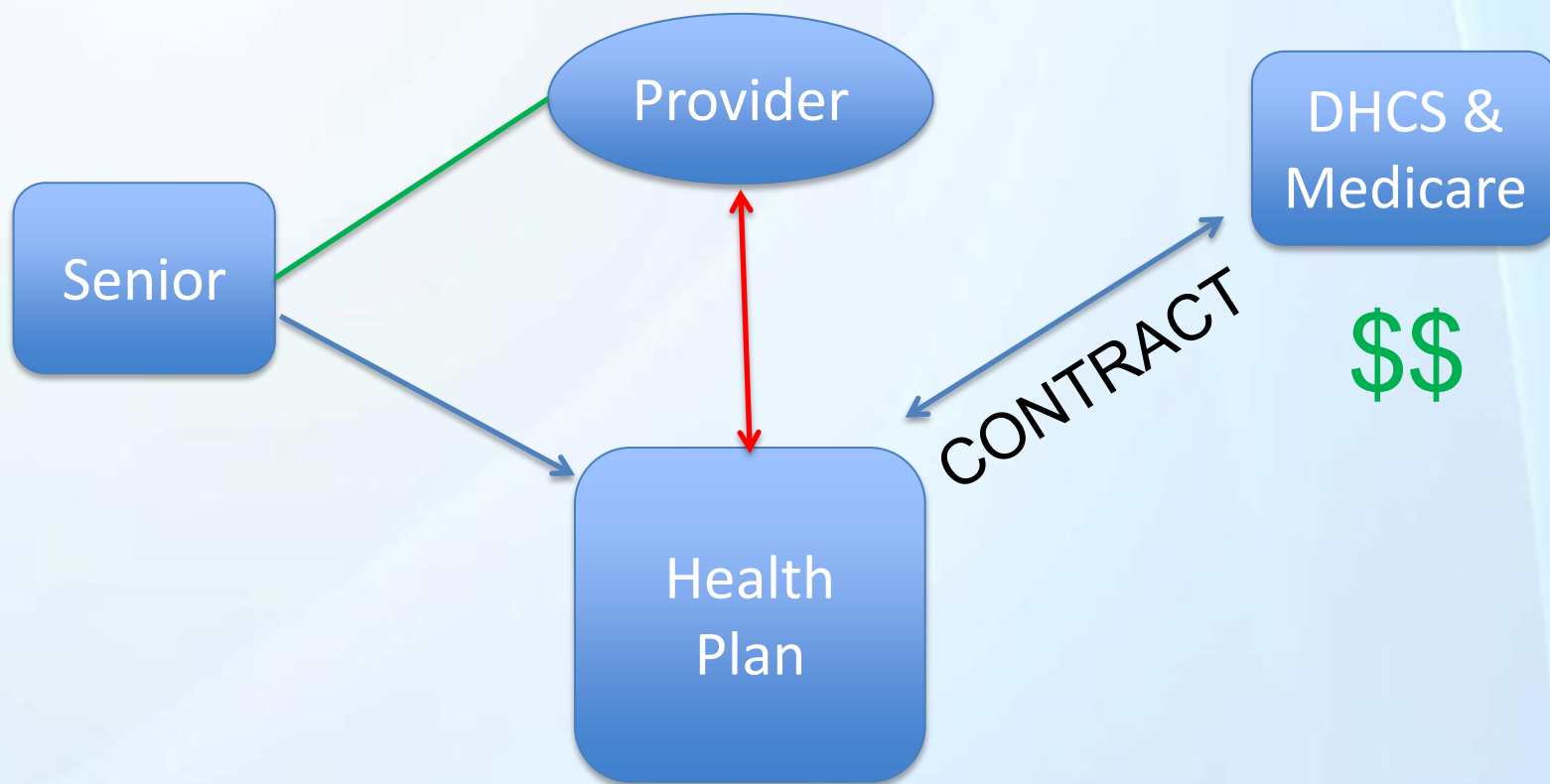
- LTSS become Medi-Cal MC benefit
- SPDs in MC now get LTSS from MC

Medicare Integration

- For duals, passive enrollment of Medicare benefits into same MC plan
- The “Duals Demo”



Managed care plans get paid to provide covered services via network providers



Plans will cover traditional Medicare and Medi-Cal services.

CCI Required Benefits

- Medicare A, B and D (if dual chooses)
- Medi-Cal services, including LTSS
 - IHSS, CBAS, SNF
- Care Coordination

Plan Can Choose

- Extra HCBS
- Extra personal care hours

Carved Out of Plan

- Specialty mental health services
- Drug Medi-Cal benefits



CCI will be implemented in 8 counties



Alameda
Los Angeles
Orange
Riverside
San Bernardino
San Diego
San Mateo
Riverside
Santa Clara



Different plans used in each county; 2 in Alameda

- Alameda Alliance for Health
 - 140,000 members in Medi-Cal (all ages)
 - CompleteCare D-SNP serves 4,300 duals in Medicare
- Anthem Blue Cross
 - Currently serves 16,000 duals in Medi-Cal only plan
 - CareMore D- and C-SNP (Dublin, Livermore, Pleasanton and Sunol)

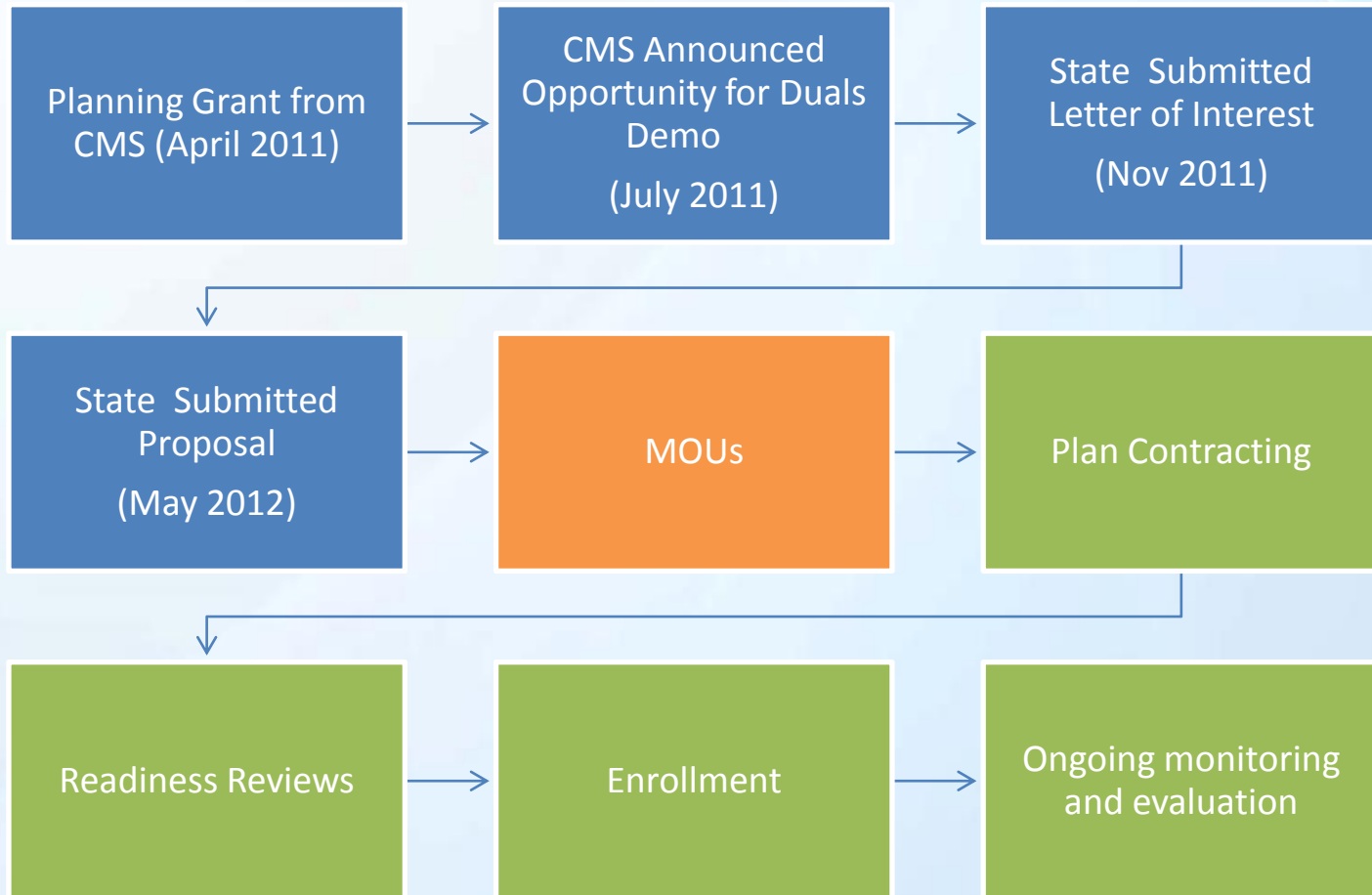


In Alameda County, 31,000 dual eligibles impacted

Eligible and Will Be Passively Enrolled in Duals Demo	Excluded– Not Eligible for Duals Demo	Eligible but Exempt from Passive Enrollment in Duals Demo
Alameda residents, 21 years and older, with full Medi-Cal (either free or consistently meeting Share of Cost) and Medicare	Other health insurance	Enrolled in PACE (On Lok or CEI)
	Developmentally disabled (Regional Center or ICF-DD)	Enrolled in AIDS Healthcare Foundation
	Enrolled in NF/AH, HIV/AIDS, assisted living, or IHO waiver	Enrolled in Medicare Advantage (e.g., Kaiser)
	Resident of veterans home	
	End stage renal disease	



California is part way through a long process.



Implementation proposed to begin September 1, 2013



Enrollment phased in over 12
months by birthday



3 sets of notices will be sent to each dual eligible



Transitions are challenging for duals.



State of California-Health and Human Services Agency
Department of Health Care Services
P.O. Box 997419, MS 4500, Sacramento, CA 95899-7419



ERNEST R. BARNETT JR.
GOVERNOR

March 2012

IMPORTANT MEDI-CAL CHANGES Notice Regarding CBAS Medi-Cal Benefit

Recently, we sent you a letter telling you that you can get Community Based Adult Services (CBAS). Now, **to continue to get CBAS on and after 7/1/2012, you must enroll in a Medi-Cal managed care health plan.** You will not be able to get CBAS if you are not in a Medi-Cal managed care health plan by 6/30/2012.

What do I need to do?

As a Medi-Cal beneficiary you have two choices:

- **If you would like to get CBAS you must be in a Medi-Cal managed care health plan.** You have until 6/19/2012 to fill out and return the choice form in your "My Medi-Cal Choice for Healthy Care" booklet. If you do not complete the form and make a choice, you will be enrolled in a health plan. You can also enroll by phone (see next page).
- **If you do not want to get CBAS and would like to stay in regular Medi-Cal,** you must choose Regular Medi-Cal (fee-for-service) on your choice form. **Remember, if you choose Regular Medi-Cal (fee-for-service), you cannot get CBAS on or after 7/1/2012.** You must return the form by 6/19/2012. If you do not make a choice you will be enrolled in a health plan.

Your enrollment will start 7/1/2012. If you are not happy with your health plan, you can change health plans or choose to go back to regular Medi-Cal at any time by calling Health Care Options (see next page). **If you choose to stay in or go back to regular Medi-Cal, you cannot get CBAS.**

This does not change your:

- Medicare coverage
- Medicare doctors and specialists you see outside a CBAS center
- Social Security benefits

What is a Medi-Cal managed care health plan?

Medi-Cal managed care health plans help manage your care, help you find doctors and specialists, have a 24-hour nurse advice line, have member services to assist you, can help you with non-emergency transportation to medical visits, and more. The health plan will also help you get the services that they do not cover. The benefits are the same in a managed care health plan as in regular Medi-Cal. You can join a health plan at **no cost** and you will still be on Medi-Cal. When you enroll in a health plan, they may call you to find out what care you need.

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Duals will be at risk.

- Network adequacy.
 - Not just PCPs, but also specialists, mental health, DME, prescription drugs, etc.
 - Provider confusion and resistance.
- Enrollment glitches.
- Assessments.
- Continuity of care.



Governor's proposed budget may restrict ability of plans to meet duals' needs.

$$\begin{aligned} & \$171.1 \text{ million savings from CCI} \\ & \quad + \\ & \$135 \text{ million in "managed care efficiencies"} \\ & \quad + \\ & \$431 \text{ million in provider rate cuts} \\ & \quad + \\ & \$113.2 \text{ million in across-the-board cuts to IHSS} \\ & \quad = \\ & \text{Less Money for Medi-Cal} \end{aligned}$$

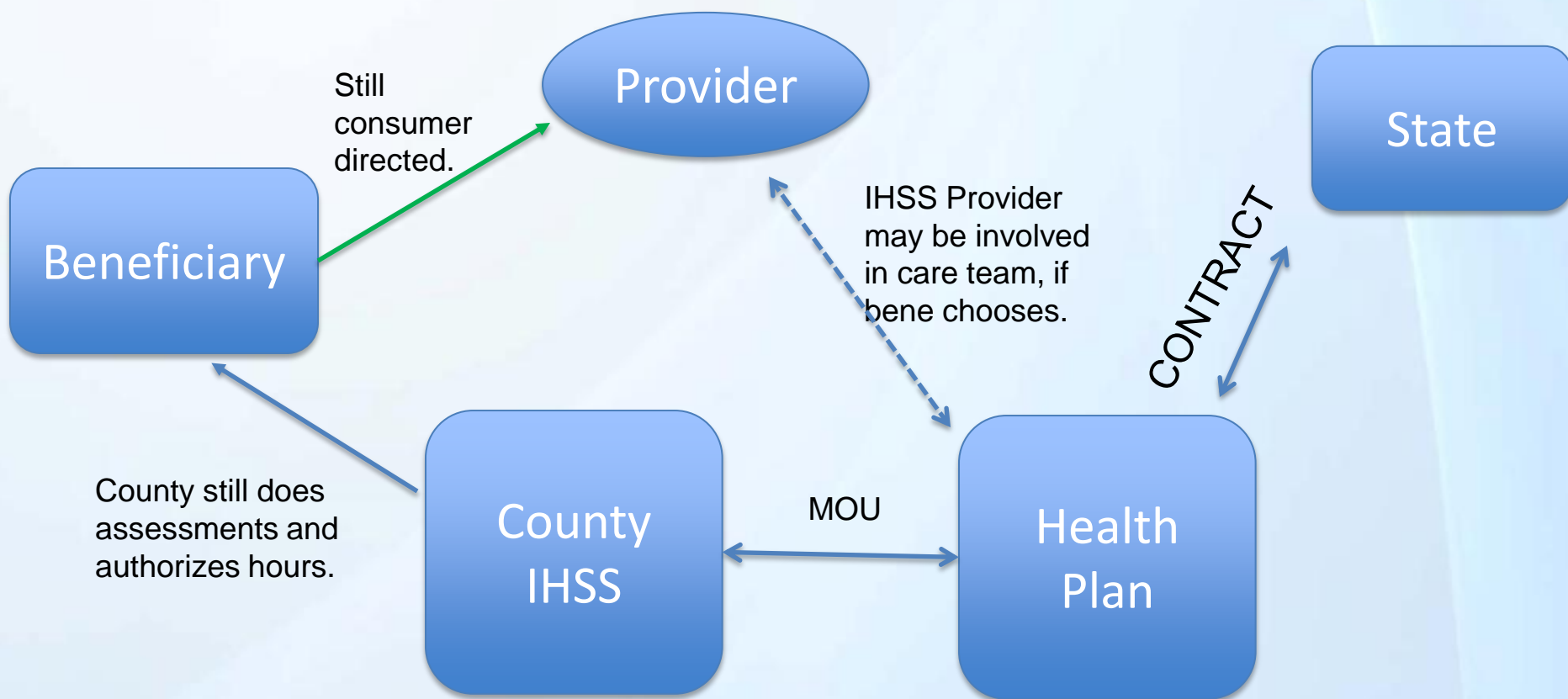


Duals have rights to protect them from harm.

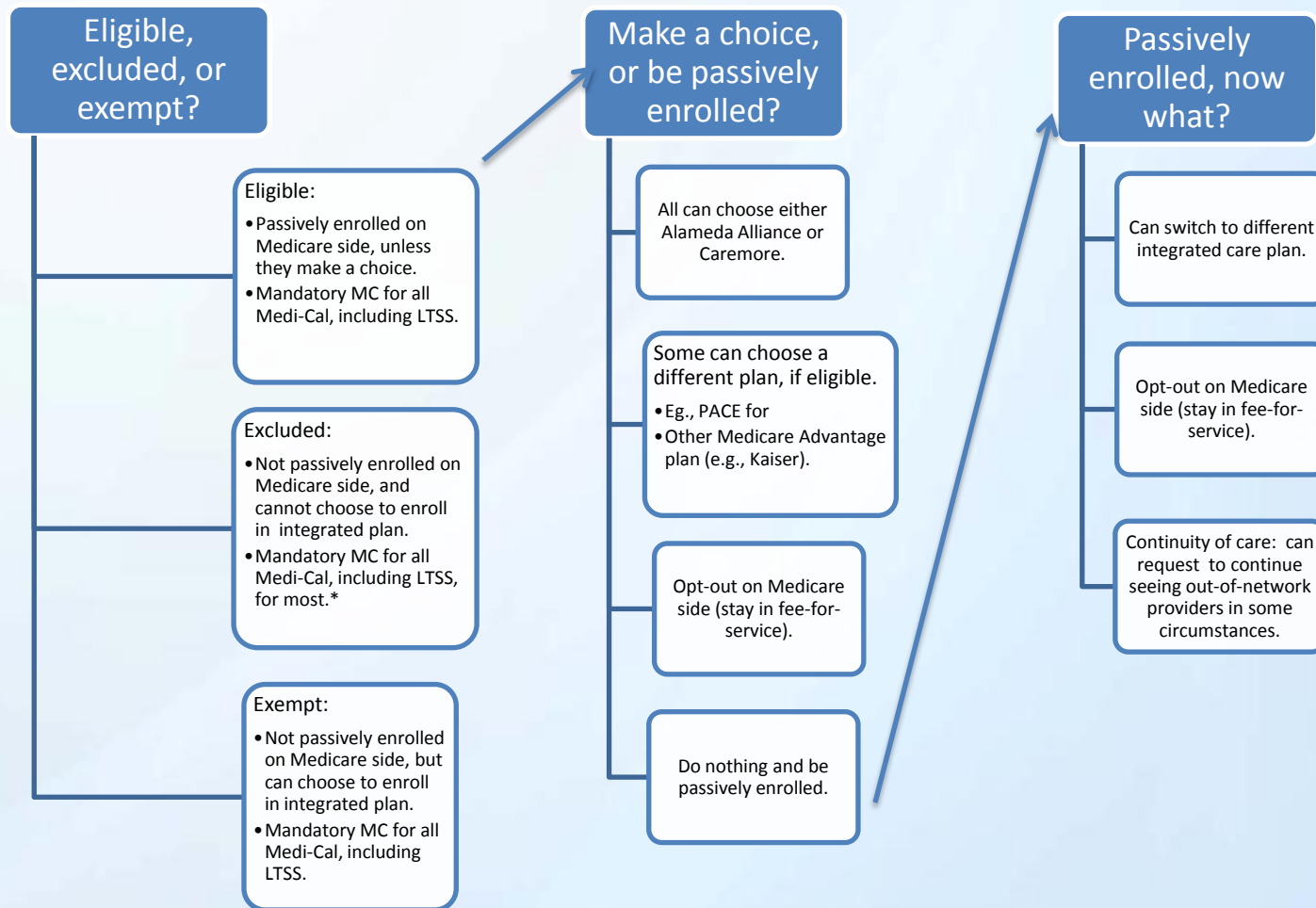
- Continuity of care.
- Basic rules for Medi-Cal and Medicare services don't change: e.g., right to appeal denial of services
 - But may have to start within .
- Americans with Disabilities Act/*Olmstead* rights don't change.



IHSS will stay the same ... for now.



Dual eligibles should make choices based on individual needs.



Local advocates can help individuals with access problems.

Legal Assistance for Seniors-HICAP
(510) 839-0393

Bay Area Legal Aid
Legal Advice Line: (510) 250-5270

Disability Rights California
(510) 267-1200



Reporting problems helps the individual and improves the system for everyone.

DHCS,
www.calduals.org

Medicare &
Medicaid.

State legislators.

Federal legislators.

CMS.

Duals office.



NSCLC advocates are available for advice and advocacy help.

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