



Notice & Enrollment Issues Tracker

This document provides only information on notice/enrollment issues that have a direct impact on beneficiaries.

Issue #	Issue	Enrollment Month Impacted	Cause	Members Impacted	Solution	On-going Quality Control Work	Status
1	Untimely notices	May, June	System delays in creating and mailing passive enrollment notices	21,805	Now that the current version of the notice is fully translated and uploaded in the system, notices have been going out timely. For population that would not have received timely 60-day notices and guidebook/choice book in February 2014, passive enrollment was delayed to May 2014.		Closed

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2	Member enrolled in MA/D-SNP is passively enrolled into Cal MediConnect	Ongoing	The timing of MA/DSNP enrollment updates to CMS and DHCS Eligibility systems does not always align with the multi-day passive enrollment (PE) process, which can cause newly enrolled MA/DSNP members to be known to the CMS system, but not yet known to the DHCS Eligibility System.	1081	<p>DHCS implemented a multiple step solution to address this issue:</p> <ol style="list-style-type: none"> 1. Starting in early April 2014: <ol style="list-style-type: none"> a. DHCS increased the frequency of MMA file updates for CCI eligible enrollees from monthly to every other day, and aligned updates with the 90/60-day noticing and PE timelines b. DHCS validates the PE file against the updated DHCS Eligibility System prior to the start of the PE process. Individuals identified as enrolled in an MA/DSNP are removed from the PE process. c. CMS assesses each PE transmission and transmits a file to DHCS with any residual beneficiaries in MA/DSNP plans. d. DHCS processes an enrollment cancellation request to remove any remaining beneficiaries from PE. <p>Outreach/Communications Beneficiaries receive reinstatement notices from their MA/DSNP plans</p>	<p>DHCS will ensure a match against the MMA file is transmitted prior to release of 90/60 notices and PE transactions. Also, post production of PE transactions will be closely monitored by DHCS and CMS to ensure all impacted beneficiaries are exempted from the PE process.</p> <p>The process improvements implemented to date have resulted in a significant reduction in the number of impacted individuals to less than 0.001%.</p> <p>Member impacts by month of eligibility:</p> <ul style="list-style-type: none"> May - 659 out of 15,322 PEs June - 361 out of 4,912 PEs July - 61 out of 44,393 PEs 	Closed

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3	ESRD beneficiaries erroneously received 90-day notices	June	System logic did not accurately identify and exclude ESRD beneficiaries.	485	We have put a fix in the system that should prevent this from happening again. The enhanced logic prevented any Cal MediConnect 60 day notices from going out to beneficiaries with ESRD. Beneficiaries were not enrolled in Cal MediConnect. Outreach/Communications Outbound calls to beneficiaries clarified that they would not be enrolled in Cal MediConnect, but that they may need to choose a Medi-Cal plan in the future.		Closed
4	ICF/DD Beneficiaries erroneously received 90-day notices	May, June, July	ICF/DD beneficiaries can only be held out of passive enrollment if they are in a DD waiver program or based on their address. County address files do not always have the correct or uniform address, allowing some notices to go out erroneously. In some cases, an address for a beneficiary will differ slightly from the address on file and thus not be excluded from passive enrollment.		We have continuously updated the address file and system logic to exclude this population. As beneficiaries are identified, they are disenrolled. Outreach/Communications 1. DHCS has conducted significant outreach to ICF/DD centers, including creating an ICF/DD and Regional Center-specific CCI fact sheet. 2. HCO provided an FAQ to accurately respond to beneficiary questions.	Continuing to update address file.	Ongoing

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5	Regional Center beneficiaries erroneously received notices	May, June, July	Regional Center beneficiaries can only be held out of passive enrollment based on their address. County address files do not always have the correct or uniform address, allowing some notices to go out erroneously. In some cases, an address for a beneficiary will differ slightly from the address on file and thus not be excluded from passive enrollment.		<p>We have continuously updated the address file and system logic to exclude this population.</p> <p>As beneficiaries are identified, they are disenrolled.</p> <p>Outreach/Communications</p> <ol style="list-style-type: none"> 1. DHCS has conducted significant outreach to Regional Centers, including creating an ICF/DD and Regional Center-specific fact sheet. 2. HCO provided an FAQ to accurately respond to beneficiary questions. 	Continuing to update address file.	Ongoing
6	Beneficiaries with other health insurance erroneously received notices	May, June, July	Data sources DHCS uses to identify and exclude individuals with other health insurance does not always have the most up-to-date information		<p>DHCS has been encouraging individuals and stakeholders to report other health insurance to their eligibility worker or directly through the DHCS website.</p> <p>http://www.dhcs.ca.gov/services/Pages/TPLRD_OCU_cont.aspx</p> <p>As beneficiaries are identified, they are disenrolled.</p> <p>Outreach/Communications</p> <p>Guidance has been provided to the Cal MediConnect Ombudsman and HCO call center to facilitate disenrollment of beneficiaries as appropriate.</p>		Closed

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7	Beneficiaries in HCBS waivers erroneously received notices	May, June, July	The HCBS waiver flags have not been accurately updating.	627	<p>We have run an update to the system to correct all flags and ensure that everyone is accurately accounted for. Beneficiaries have been disenrolled or removed from the PE process.</p> <p>We have taken extra steps in setting up subsequent mailings to double check that we are not sending notices to this population.</p> <p>Outreach/Communications</p> <ol style="list-style-type: none"> 1. We developed HCBS waiver fact sheets and conducted outreach to the waiver programs. 2. HCO provided an FAQ to accurately respond to beneficiary questions. 	DHCS will continue to watch to ensure HCBS waiver populations are held out of the PE process.	Closed

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8	Erroneous Passive Enrollments into IEHP for beneficiaries residing in voluntary zip codes in Riverside and San Bernardino	May	<p>DHCS enrollment system logic did not accurately reflect the CMC business rules for enrollment into voluntary zip codes as specified in the three-way contract.</p> <p>DHCS enrollment systems were modified in March 2014 to accurately reflect voluntary zip code enrollment logic per the CMC three-way contract.</p> <p>Outbound calls were placed to impacted beneficiaries in late March to notify them of the error; however, enrollment cancellation transactions were not transmitted prior to the May 1 passive enrollment effective date.</p>	308	<p>DHCS updated the PHP table which is a safety net to ensure MEDS will not allow enrollments to be processed for zip codes that are not specified in the MMP three-way contracts.</p> <p>Enrollments for beneficiaries were retroactively cancelled to 5/1/14, and beneficiaries were reinstated to their Medicare Part D Plans.</p> <p>Outreach/Communications:</p> <ol style="list-style-type: none"> 1. E-mail sent to plans on 5/13/14 with status of updates 2. Beneficiary outbound calls targeted to start on 5-22 and complete by 5-29 (5 business days). 3. Updated notices mailed to beneficiaries starting 5/27/14. Notice language complete and sent to HCO. 4. HCO provided an FAQ to accurately respond to beneficiary questions. 	<p>Prior to the release of 90-day notices and subsequent passive enrollment notices/transactions, a systematic and manual quality check will be in place to ensure beneficiaries residing in voluntary zip codes are not passively enrolled. This is an independent quality control measure outside of the standard QC process.</p>	Closed

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9	Erroneous Passive enrollment assignments to LA Care	July	Originally, the passive enrollment logic to assign beneficiaries to plans in Los Angeles was created to follow the two-plan model, and assign beneficiaries with specific networks to plans under LA Care. After the subcontracting plans became direct, the passive enrollment logic was not completely recalibrated. This logic allowed assignment based on any network loaded under LA Care for beneficiaries with enrollment effective July 1, 2014.	3,041	<p>DHCS modified the HCO enrollment system logic on 5/12/14 to block passive enrollments into LA. Cancellation enrollment transactions for LA Care were transmitted on 5/15/14 and the impacted beneficiaries will be reassigned to a different LA plan with an effective date of 8/1/14. DHCS has worked with HCO to clarify and improve the quality control process and has successfully retested the amended logic to prevent future passive enrollments into LA Care.</p> <p>Outreach/Communications</p> <ul style="list-style-type: none"> 1. DHCS conducted outbound calls to impacted beneficiaries starting 5/22/14 and mailed updated notices starting 5/27/14. 2. Plans, HCO, HICAPs, Ombuds and stakeholders informed on 5/13/14. 3. HCO given FAQ to answer beneficiary questions. 	Prior to release of 90-day notices and subsequent passive enrollment notices/transactions, a systematic and manual quality check will be in place to ensure beneficiaries are not passively assigned to LA Care. This is an independent quality control measure outside of the standard QC process.	Closed

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10	Member opt-out requests between 3/14/14 and 4/23/14 were not processed	May and June	Isolated to members designated as passive for 5/1 and 6/1 and concurrently enrolled in a Medi-Cal plan. Members would only experience the issue while between the 60 and 30 day mark. Members concurrently enrolled in Medi-Cal FFS were not impacted. The systemic issue was that when a member was concurrently enrolled in a Medi-Cal plan and passive was processed, MEDS was sending Maximus the members current status instead of their passive status. This would override the Maximus system to act as if the member was no longer setup for passive and show the Medi-Cal plan on the screen. Thus, to Maximus it looked like the individual had already opted out of Cal MediConnect, and so no opt-out request would be generated.	476	<p>On 4/24/14 a system fix was put in for MEDS to correctly identify the passive plan to Maximus. The assessment of the issue was taken to those with a 7/1 start and DHCS found no issues.</p> <p>Outreach/Communications</p> <ol style="list-style-type: none"> 1. DHCS conducted calls to members impacted during this time in early June. Of the members reached: <ol style="list-style-type: none"> a. 56% were happy with their current Cal MediConnect Plan b. 32% chose to opt out of Cal MediConnect c. 10% chose a different Cal MediConnect Plan d. 2% asked to be transferred to HICAP for counseling before making a choice 2. HCO provided an FAQ to accurately respond to beneficiary questions. 	DHCS will continue to monitor opt-out requests to ensure transactions are submitted and effectuated.	Closed

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11	Beneficiaries received disenrollment/opt-out confirmation notices with the wrong first name but correct last name	June, July	Due to an error in the mail merge/field sort, the first name information did not correspond to the last name. The confirmation notices were mailed to the correct address for the last name.	3,378	The original QC process was to validate the mailings against the merge file and that all checked out. Since the sort was applied prior to the merge, the first name column was sorted A-Z, all the data matched the print. To ensure this does not happen in the future DHCS is looking to have these mailings be more automated and utilize a print vendor and sort option, this will eliminate any manual intervention and human error. Beneficiaries received new notices with the correct names.	Any mailings going out are having a secondary QC done against the master database to ensure mailings address match a secondary source as well.	Closed
12	Beneficiaries in Medi-Cal managed care plans put into Medi-Cal FFS	June, July	A programming issue in our system inadvertently took beneficiaries out of their Medi-Cal managed care plan at the same time they were being opted out of Cal MediConnect.	2,400	Beneficiaries were identified and reenrolled in their Medi-Cal managed care plans on 6/3/2014. All opt-outs were confirmed, and beneficiaries received confirmation notices. We have changed how the opt out is registered in the system so that it will not trigger this Medi-Cal plan delinking issue.	Ongoing monitoring will continue to ensure the issue does not repeat itself in the coming months.	Closed