

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

June 29, 2015

Medicare-Medicaid Coordination Office, MMCOCapsModel@cms.hhs.gov
Tracy Meeker, DHCS, Tracy.Meeker@dhcs.ca.gov

Re: Comments on Updated CA Reporting Requirements

Greetings,

Thank you for providing stakeholders the opportunity to review and comment on the newly released reporting measures for Cal MediConnect plans. We have provided comments below. We also reincorporate the comments we previously submitted (attached) and encourage CMS to require plans to report on measures that would capture whether the goals of the demonstration are being met. Most importantly, CMS should include additional measures on rebalancing and person-centered care.

Totals for Both Completed and Uncompleted HRAs and ICPs

Section 1.1 and Section 1.3 should require the health plan to report the total number of HRAs that were not completed and the total number of ICPs not completed during the reporting period. Currently, these sections require the plan to report on a subset of the number not completed. In order to determine the total of uncompleted HRAs and ICPs within the reporting period, CMS (or DHCS) will have to subtract the figures the plans are required to report on from the totals rather than having the plans report on this data separately. Instead, the reporting should require plans to report on the totals and then provide breakdowns of those totals as follows:

- Total number whose 90th day of enrollment occurred within the reporting period
- Total number of high risk members with an HRA completed within 45 days of enrollment
- Total number high risk members who did not have an HRA completed within 45 days of enrollment
 - Total number of high risk members who were documented as unwilling to complete an HRA within 45 days of enrollment
 - Total number of high risk members the MMP was unable to reach, following three documented attempts, within 45 days of enrollment

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- Remaining total of high risk members who did not have an HRA completed within the 45-days of enrollment (this figure would include those members who started an HRA prior to the 45-day mark but did not finish; individuals for whom certain circumstances make it impossible or inappropriate to complete an HRA; and any other members the plan did not complete an HRA within 45 days of enrollment).¹
- Total number of high risk members who were documented as having an ICP within 30 working days after the completion of the HRA.
- Total number of high risk members who were documented as NOT having an ICP completed within 30 working days after the completion of the HRA
 - Total number of high risk members who were documented as unwilling to complete an ICP within 30 days after the completion of the HRA
 - Total number of high risk members the MMP was unable to reach, following three documented attempts, within 30 days after the completion of the HRA
 - Total number of high risk members the MMP was unable to complete an ICP for any other reason within 30 days after completion of the HRA.²

Reporting Measures for ICP Completion

- Plans should also have to report whether an ICP was not completed because the Primary Care Physician (or specialist) participation was not obtained within the 30-day timeframe for completion of the ICP.
- Plans should have to report on the number of ICPs reviewed by and signed off on by members in accordance with DPL 15-001.

Plan Reporting on Accessibility

We commend the addition of Section 3.1 requiring plans to report on physical accessibility. This section should also require plans to report on non-physical accessibility measures (e.g. extended appointment times) and language access.

Finally, we would like to flag that the 3-way contract requirements and reporting measures are not entirely consistent with the guidance plans have received pursuant to DPL 15-001. Specifically, the DPL does not indicate that ICPs are required for each enrolled member unless the member declines an ICP. Instead, the DPL states that an ICP should only be provided when deemed necessary or when requested. We recommend revising the DPL to reflect the standards set forth in the 3-way contract and retain and enforce the provision of person-centered and member-driven services.

¹ The three subsets should add up to the total of uncompleted HRAs

² The three subsets should add up to the total of uncompleted ICPs

Again, thank you for the opportunity to comment. Please feel free to contact us to discuss our recommendations further.

Sincerely,

Amber C. Cutler, Senior Staff Attorney
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