

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW



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Department of Health Care Services
Submitted via: info@calduals.org

Greetings:

Thank you for the opportunity to comment on the beneficiary enrollment materials that will be sent to beneficiaries who are newly eligible for Medi-Cal and for dual eligibles moving into Coordinated Care Initiative (CCI) counties. We provided extensive red-lined comments on the materials, attached, and our broad recommendations are summarized below.

Beneficiary Test All Enrollment Materials

At the beginning of passive enrollment in early 2014, we witnessed the harm of failing to test beneficiary enrollment materials. It is imperative that all materials undergo beneficiary testing as it has proven to be the most efficient and effective means of ensuring that beneficiaries understand the choices they face. We urge you to test these materials with real beneficiaries, including those with communication disabilities, and incorporate their feedback prior to finalizing them.

Change Order of Plan Options

The new materials create confusion by presenting Cal MediConnect as the first option for enrollment when the mandatory choice the beneficiary faces is enrollment in a Medi-Cal plan. In fact, much of the language assumes that the beneficiary will enroll in a Cal MediConnect plan

and that this is the best choice. For these dual eligibles, this is the first time that they have to choose a health plan for their Medi-Cal benefit. Because we are no longer in a passive enrollment process where Cal MediConnect enrollment is the default enrollment option, we now have the opportunity to present the choices to a beneficiary in an order that builds understanding of the program. In addition, during the initial rollout of the CCI, we witnessed the challenges that dual eligibles experienced when they transitioned from fee-for-service Medi-Cal to Medi-Cal managed care, so it is imperative that these new materials sufficiently explain the implications of mandatory Medi-Cal managed care enrollment. Managed long-term services and supports (MLTSS) will be a new concept to both of the groups for which these materials are intended. MLTSS needs to be thoroughly explained as a mandatory component of a Medi-Cal plan before its integration within a Cal MediConnect plan makes sense. Because Medi-Cal plans do not tailor their onboarding to dual eligibles, these materials are one of the few opportunities beneficiaries will have to learn what Medi-Cal managed care means. Medi-Cal managed care is the only mandatory decision beneficiaries have to make under the CCI, so we strongly recommend that the materials be reordered so that Medi-Cal plan enrollment is presented first, including a robust explanation of what it means to be a dual eligible in Medi-Cal managed care, followed by an explanation of the Cal MediConnect plan and PACE options.

Language Should Reflect Beneficiary Choice

The reason beneficiaries are receiving materials is because they must choose a plan for their Medi-Cal benefits, not because they have both Medicare and Medi-Cal. All language should reflect the mandatory choice beneficiaries face and then spell out what plan options they have when making this choice. This not only presents the choices accurately, but it also makes the materials applicable to both populations - newly dual eligibles and those moving to CCI counties. Right now, the draft letter and materials are confusing for those moving to CCI counties from a non-CCI county. These individuals already have Medi-Cal coverage and therefore should not be welcomed to Medi-Cal, but rather should be provided with an explanation of the implications of Medi-Cal managed care and MLTSS. Finally, changing the order of the choices better demonstrates what the possible benefits of Cal MediConnect plan or PACE plan enrollment are compared to remaining in Original Medicare and selecting only a Medi-Cal plan.

Use Consistent Plain Language

We recommend using an iteration of the following sample language throughout the materials: “You are receiving these materials because you must choose a plan for your Medi-Cal benefits. Because you have BOTH Medicare and Medi-Cal health insurance, you have several different types of plans you can choose from. You can choose a health plan just for your Medi-Cal and keep your Medicare the way it is. You can choose a Cal MediConnect plan that will cover both your Medicare and Medi-Cal. You also have the option to choose a PACE plan that covers your Medicare and Medi-Cal benefits if you meet certain eligibility requirements. The Resource Guide and Choice Book you will receive explain each of these health plan options in more detail.”

Amend the Plan Comparison Chart

The chart comparing a beneficiary's plan choices is problematic and misleading. Again, Cal MediConnect should not be the first column, but should follow the Medi-Cal plan column. PACE is entirely excluded from the chart and should be included since it is one of the three options appropriately included in the Resource Guide and on the Choice Form. Furthermore, by presenting Original Medicare, Medicare Part D, and Medi-Cal managed care plans in separate columns, beneficiaries may mistake these as different options when in reality they are combined, not mutually exclusive, and offer the same benefits as Cal MediConnect plans minus vision and care coordination. These three columns should be combined into one column.

Include Information about Delegated Entities

The materials do not address delegated entities and how networks are available at the delegated entity level, not the prime plan level. Both the Resource Guide and the Choice Book should make this clear and direct beneficiaries to the HICAPs and health plans to ensure their providers are part of these delegated networks. We believe that beneficiaries should be encouraged to seek HICAP counseling services when making a decision as it will result in better-informed, more person-centered choices and will lead to beneficiaries being more likely to remain enrolled in their plan.

Clarification of Nonmedical Transportation as a Covered Medi-Cal Benefit

Throughout the Resource Guide, nonmedical transportation is distinguished as a benefit specific to Cal MediConnect. However, per 42 C.F.R. §431.53, nonmedical transportation is a covered Medi-Cal benefit, regardless of whether a beneficiary is in a Cal MediConnect plan, a Medi-Cal managed care plan, or in PACE. nonmedical transportation is not a Cal MediConnect specific benefit and should not be distinguished as such.

Thank you for the opportunity to comment, and we welcome the opportunity to discuss our recommendations in further detail.

Sincerely,

Justice in Aging, Amber Cutler
Disability Rights California, Deborah Doctor
Disability Rights Education and Defense Fund, Silvia Yee
Health Consumer Alliance
Legal Aid Society of San Diego, Greg Knoll
Neighborhood Legal Services, Stephanie Lee
Western Center on Law and Poverty, Linda Nguy