

January 31, 2018

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Greetings:

Thank you for the opportunity to submit comments on the draft Dual-Plan Letter (DPL) pertaining to non-medical (NMT) and non-emergency medical transportation (NEMT). As consumer advocates, we welcomed the expansion of the transportation benefit in July 2017, and we continue to appreciate the efforts of the Department of Health Care Services (DHCS) to work with stakeholders on operationalizing this benefit for Medi-Cal and dual eligible beneficiaries in California. Some of our comments today pertain directly to the draft DPL, while others are based on the experience of advocates in working with consumers since the benefit changed last year. We offer our comments below and attach a version of the draft DPL with redline edits.

The DPL Must Address the Cal MediConnect One-way Trips

Our understanding was that one of the main reasons the Department wanted to release a DPL on this topic was to address the 30 one-way NMT trips required under the Cal MediConnect three-way contract.¹ The expansion of the Medi-Cal NMT benefit essentially renders those 30 one-way trips superfluous, so plans should no longer have a ceiling on NMT trips. Although the Department may have provided the plans informal guidance on this point pending the issuance of the DPL, the DPL must explicitly address how the 30 one-way trips required under the three-way contract are no longer the ceiling given the expansion of the NMT benefit. Addressing the 30 one-way trips in this DPL is critical to differentiate the guidance specific to Cal MediConnect plans from the guidance already set forth and applicable to all plans, including Cal MediConnect plans, issued through APL 17-010.²

DHCS Should Require NEMT to Carved-Out Services

We note that like APL 17-010, the draft DPL maintains an inconsistency in what is required of plans for carved-out services between NMT and NEMT. The DPL requires plans to provide NMT to carved-out services, but falls short of requiring it for NEMT. Such a distinction is unmanageable for beneficiaries. Beneficiaries requiring NEMT should not have to stop and research whether a service is included in the plan's benefit package and therefore whether they are entitled to transportation through their plan or

¹ Three Way Contract, A.3.2. "Non-Medical Transportation Benefit," p. 212, available at: www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/CAContract08302017.pdf.

² www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-010.pdf.

whether they will have to arrange transportation themselves, nor do beneficiaries actually think about their benefits in that way. For example, when a dual eligible is discharged from an inpatient mental health facility, transportation should be provided even though the service is carved out. This is especially the case when Cal MediConnect changed healthcare delivery systems to better connect beneficiaries to carved-out benefits.³ This distinction also creates administrative complexity for the plans, which will undoubtedly lead to barriers to both NMT and NEMT generally. We strongly encourage DHCS to require the Cal MediConnect plans to provide NEMT to carved-out services just like the Department has already done for NMT and to take this opportunity to update APL 17-010 to reflect this as well.

The Department Should Require Plans to Conduct More Consumer Education

One of the preliminary challenges in the roll out of the expanded NMT benefit was that Medi-Cal beneficiaries, including dual eligibles, did not know about the expanded benefit. This problem persists even today. Although the Department has taken the initial step of requiring plan to update their Evidence of Coverage (EOC) and plans have changed information on their websites, more must be done. The Department should consider requiring plans to conduct additional affirmative outreach about the new benefit, including, but not limited to, educational mailers, outbound calls, and changing scripts for when members are on hold waiting for member services on the phone. Without greater awareness of the NMT benefit, beneficiaries may continue to face transportation-related barriers in accessing services.

DHCS Should Ensure Health Plans Have Streamlined Processes for Prior Authorization and Mileage Reimbursement

Finally, since the expansion of the NMT benefit, advocates have reported that the prior authorization process and mileage reimbursement processes have posed barriers for consumers. Beneficiaries reported missing critical medical appointments because they were unable to obtain timely prior authorization from their health plan. Others have found the reimbursement processes to be overly burdensome and unnecessary. Although health plans are not required to use prior authorization for NMT, many in fact do. Accordingly, the Department should clarify in the DPL that the prior authorization for NMT, if necessary, and reimbursement processes should be the least onerous as possible and work with Cal MediConnect plans to streamline them.⁴ The importance of streamlining processes is critical particularly for beneficiaries who require repeat and ongoing treatment. We note that the same concerns exist for Medi-Cal only beneficiaries and dual eligibles enrolled in a Medi-Cal plan, so the Department should also revisit APL 17-010 for these concerns.

³ See, e.g., Three-Way Contract, 2.5.1.10.2.7., p. 42 (requiring case management to include coordination with carved-out services like specialty mental health).

⁴ In reviewing prior authorization and related issues, we encourage DHCS to fully consider the complexity and variability of beneficiaries' disabilities and to issue guidance that promotes flexibility.

Thank you again for the opportunity to comment on the draft DPL. If you have any questions, please do not hesitate to contact us by contacting Denny Chan with Justice in Aging at dchan@justiceinaging.org. We look forward to working with you on ensuring a robust NEMT and NMT benefit for all Medi-Cal beneficiaries.

Sincerely,

Justice in Aging
CCI Ombudsman
Disability Rights Education and Defense Fund
The Health Consumer Alliance
Maternal and Child Health Access
Neighborhood Legal Services of Los Angeles County