

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

August 10, 2018

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Via email: Sarah.Brooks@dhcs.ca.gov; info@calduals.org

Re: Cal MediConnect Data Sharing Workgroup Draft Recommendations

Greetings:

Thank you for the opportunity to comment on the draft recommendations put forth by the data sharing workgroup on how to best ensure continuity of care is maintained when a beneficiary switches from one Cal MediConnect (CMC) plan to another CMC plan.

We applaud the Department and the Centers for Medicare & Medicaid Services (CMS) for including this requirement in the three-way contracts. This policy represents a best practice, and we therefore strongly encourage the Department to expand these data sharing requirements to other plan type changes – for example, when a beneficiary switches from one Medi-Cal plan to another Medi-Cal plan, or from Covered California to Medi-Cal or to Medicare Advantage or a Medicare Medicaid Plan (MMP), and from Medicare Advantage to an MMP.

With regard to the recommendations, we have the following comments:

- The lookback period for sharing data should be at a minimum eighteen months rather than twelve to guarantee that the latest Health Risk Assessment (HRA) and care planning documents are shared with the receiving plan. Since an HRA may only happen on an annual basis, there may be instances in which an HRA was not conducted within the preceding twelve months of the change.
- The guidance must specifically outline the different types of claims data that must be shared to ensure all plans are operating under the same definition. For example, in addition to provider data, claims data would include prescription drugs, transportation, and durable medical equipment. To avoid confusion, the guidance should be clear on this point. Likewise, shared claims data must include carved out services, including In-Home Supportive Services, specialty mental health, and dental. Lastly, shared claims data must include Care Plan Option (CPO) services the legacy plan provided within the lookback period and any community-based services the member was receiving (e.g.

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meals on wheels, case management through the Area Agency on Aging, etc.). This ensures that continuity of care across the entire spectrum of benefits is maintained and beneficiaries do not experience a disruption in care or lapse in services that the plans know about or help coordinate but are not covered under Medicare or Medi-Cal.

- The guidance must require legacy plans to share any data they have on a member's accessibility needs including language, physical, and programmatic accommodations with the receiving plan.
- Members should be provided an opportunity to review the data being shared with the receiving plan and how to access their full electronic record. This will ensure that the member has a chance correct any errors in their record.

We welcome the opportunity to discuss our comments in more detail.

Sincerely,

Amber Christ
Justice in Aging