

December 16, 2013

Department of Healthcare Services
Delivered via email to: info@calduals.org

Re: Comments on the Proposed Enrollment Strategy into Cal MediConnect for Los Angeles County

Greetings:

Thank you for the opportunity to respond to the proposed enrollment strategy for Los Angeles County. The total number of individuals subject to passive enrollment into Cal MediConnect in Los Angeles County in 2014 and 2015 has grown to over 280,000 beneficiaries. Hundreds of thousands more will face mandatory enrollment into a Medi-Cal managed care plan. The sheer size of the transition requires an enrollment strategy that is: 1) clear and easy to explain, 2) recognizes the capacity of the health plans to serve these beneficiaries, and 3) minimizes the risk for disruptions in care. While there are portions of the new enrollment strategy that we support, overall we believe the strategy fails to meet these goals.

The simplest way to improve the strategy and come closer to meeting these goals would be to extend the voluntary enrollment period in Los Angeles to December 2014 and allow both plans to participate in passive enrollment simultaneously.¹

We support the following elements of the proposed enrollment strategy:

Low Performing Icon and the Two Plan Model

We support the decision to not allow a plan with a Low Performing Icon to participate in passive enrollment. This policy was established by the Centers for Medicare and Medicaid Services in June, 2013 (Medicare-Medicaid Plan Enrollment and Disenrollment Guidance). It is a good policy that protects dual eligibles from being enrolled in plans that have not consistently demonstrated an ability to meet Medicare's most basic quality standards.

¹ Passive enrollment beginning in December 2014 overlaps with the Medicare Annual Election Period. The State and CMS must take measures to ensure that enrollment materials for Cal MediConnect are not lost in the myriad of notices beneficiaries will be receiving during this period.

We also support the decision to continue to rely on the existing “Two Plan” Medi-Cal managed care model in Los Angeles to implement the demonstration. We continue to believe that a successful demonstration will build off of and seek to improve existing models for serving dual eligibles. We do not think the Department of Health Care Services and CMS should attempt to contract directly with more plans in Los Angeles County as such an approach could become difficult to manage and could have policy implications outside of the demonstration that have not been fully considered or vetted by stakeholders.

We have the following concerns about the proposed LA enrollment strategy:

Confusion

The proposed LA enrollment strategy will be nearly impossible to explain to the seniors and people with disabilities whom will be impacted by it. The following illustrates the complexity in explaining the Cal MediConnect enrollment process:

If a dual eligible has a birthday in July through November, he will be passively enrolled into Health Net by birth month. If the dual has a birthday between December 2014 and June 2015, he will be passively enrolled into either Health Net or LA Care by birth month. However, this is not the case if the dual is already enrolled in a Health Net or LA Care Medi-Cal managed care plan. Instead of enrollment by birth month, he will be enrolled into the corresponding health plan in July 2014. Likewise, if the dual has a "link" to LA Care and has a birthday in July through November, he will not be subject to passive enrollment in Health Net by birth month. Instead, he will "held" for passive enrollment into LA Care until December 2014. However, the enrollment strategy does not make it clear how the dual will be phased into LA Care if he falls into this category. Presumably, the dual will be subject to passive enrollment into LA Care in December 2014. None of the aforementioned rules apply to him if he is enrolled in MSSP, a Medicare Advantage Product, or if he was reassigned to a Part D Low-Income Subsidy plan in 2014 in which case his passive enrollment will occur in January 2015.

These rules are further complicated by the fact that the enrollment process into Medi-Cal managed care for long-term services and supports (MLTSS) does not mirror the Cal MediConnect timeline. A dual eligible not subject to passive enrollment or not able to participate in Cal MediConnect will receive notices mandating enrollment in a Medi-Cal managed care plan starting in July by birth month. This creates confusion in the community where seemingly similarly-situated individuals will receive notices at different times without a clear understanding of why.

It is simply not possible to boil down the proposed enrollment strategy into a simple concept that can be easily communicated to the 280,000 dual eligibles whom will be impacted. We have often heard Melanie Bella, the Director of the Medicare Medicaid Coordination Office, talk about the importance of designing policies that are clear and easy to explain to dual eligibles. We agree. Unfortunately, this enrollment strategy does not pass that test.

Capacity

As proposed, the current enrollment strategy does not realistically recognize the health plans' capacity to serve the number of duals subject to passive enrollment.

Under the strategy, over 32,000 individuals will be subject to passive enrollment in the first month alone. This total is more than the total demonstration populations in Alameda, San Bernardino, Riverside, and Santa Clara counties respectively. Over the next four months of passive enrollment, all 70,000 passive enrollments will feasibly occur into just one plan (Health Net) that currently serves only 9,500 dual eligibles in LA County. In January, just one month after LA Care has begun passive enrollment, over 90,000 dual eligibles will be subject to passive enrollment into this one plan.

The plans' ability to serve this number of beneficiaries, including enrollment, conducting health risk assessments, honoring continuity of care protections, and responding to consumer questions, concerns, and complaints in one month is unproven. Neither plan currently serves anywhere near this many dual eligibles. Health Net's Medicare Advantage Dual Eligible Special Needs Plans (D-SNP) currently serves 28,000 dual eligibles statewide and just 9,500 in Los Angeles. LA Care's D-SNP currently serves just 6,500 dual eligibles.

In addition to the plans' lack of capacity to serve this number of duals, the State and CMS would be hard-pressed to conduct adequate oversight of the number of duals being passively enrolled in Los Angeles County and statewide. Likewise, the resources made available to the ombudsman program are not sufficient to quickly and effectively serve the number of individuals moving into managed care in any given month under the enrollment strategy.

Linkage

Several aspects of the enrollment strategy assume that a beneficiary has a link with one of the two health plans. However, it is not clear that such linkage can be established or whether the means of establishing a link are adequate.

Individuals who are enrolled in a Medi-Cal managed care plan, whether LA Care or Health Net, will be subject to passive enrollment into the corresponding Cal MediConnect plan in July 2014. Pursuant to the Memorandum of Understanding, the State is required to create an “intelligent” assignment process for passive enrollment (MOU, p. 67). Accordingly, we urge the State to consider more than just enrollment in a Medi-Cal plan as the link to the corresponding Cal MediConnect plan. Many dual eligibles are enrolled in a Medi-Cal managed care plan in order to continue receiving their CBAS benefit. Since the plan is not currently responsible for these individuals’ Medicare benefits, it is not clear that the individuals’ Medicare providers or Part D drugs are or will be covered by the associated Cal MediConnect plan.

For those not already enrolled in a plan, it is not clear how linkage to one plan over the other is being determined. The algorithm to establish linkage should consider all providers (not just the primary care physician as suggested in the enrollment strategy) and prescription drug usage. Also, the strategy does not explain what will happen in circumstances where no link can be established or where a link to both plans is established. Where so much of the enrollment strategy relies on a link to one of the health plans, it is imperative that the State develop a process for establishing a link that is tested and accurate for meeting the beneficiaries' needs.

Recommendations

In order to provide an enrollment strategy that is 1) clear and easy to explain, 2) recognizes the capacity of the health plans to serve these beneficiaries, and 3) minimizes the risk for disruptions in care, we suggest the following changes to the current strategy:

- Do not begin passive enrollment of individuals not currently enrolled in either plan until both Health Net and LA Care are qualified to receive passive enrollments;
- Slow down the passive enrollment schedule to allow plans more time to ramp up operations;
- Delay the passive enrollment of Medicare Advantage enrollees and Part D reassignees until both plans have several months experience with passive enrollment; and
- Implement an intelligent assignment process that takes into account a beneficiary's prescription drug needs and existing relationships with multiple providers (not just one primary care physician).

Thank you again for the opportunity to comment on the enrollment strategy. We welcome the opportunity to work with the State and CMS to improve upon the current framework. In addition to the above concerns and recommendations, we have attached a list of questions about the proposed enrollment strategy.

Sincerely,

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Aileen Harper, Executive Director
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Los Angeles Enrollment Strategy Questions

- Will those individuals who are “held” for LA Care passive enrollment July through November all be to passively enrolled into LA Care in December 2013?
- Will those individuals who are “held” for LA Care passive enrollment July through November be provided a notice explaining that they are being “held” and why?
- How will enrollment be split between LA Care and Health Net once both plans are conducting passive enrollment?
- What data will be used to establish linkages?
- How is prescription drug data incorporated?
- How does the formula for determining linkage account for relationships with multiple providers?
- How will the linkage process resolve conflicts? For example, where one plan includes a beneficiary’s primary care physician, but the other covers more of the beneficiary’s prescription drugs.
- How will the linkage process work where both plans are determined to be a match for the beneficiary?
- How will the linkage process work if neither plan is determined to be a match for the beneficiary?
- What role will LA Care’s sub-contracted plans play in the linkage process?
- What is the projection for the number of enrollees subject to passive enrollment into the sub-contracted plans?
- How will Medicare Advantage enrollees who opt-out of Cal MediConnect be linked to a Medi-Cal managed care plan?
- Will all MSSP enrollees, including those already enrolled in a Medi-Cal managed care plan, be subject to passive enrollment into Cal MediConnect in January 2015? Or will those individuals already in Medi-Cal managed care with MSSP be subject to passive enrollment in July 2014?
- Will duals with MSSP who are not subject to passive enrollment or cannot participate in Cal MediConnect have to join a Medi-Cal managed care plan according to birth month? And if so, will MSSP be provided through the managed care plan or continue fee-for-service until January 2015?
- Will individuals who join a Medi-Cal managed care plan between July and December 2014 have access to MSSP through the plan or will the inclusion of MSSP not occur until January 2015?
- When will notices for the voluntary enrollment period be sent to beneficiaries?
- How many notices will beneficiaries receive regarding the voluntary enrollment period?