

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

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We write to strongly oppose the Department of Health Care Services' (DHCS) proposals to change the Coordinated Care Initiative (CCI) enrollment process to 1) passively enroll beneficiaries into Cal MediConnect and to 2) "streamline" enrollment by allowing plans to eliminate or dramatically reduce the role of the enrollment broker. The undersigned organizations have been actively engaged in the CCI stakeholder process and support the goals of the program. We recognize the need for ongoing enrollment to maintain the sustainability of the program and are committed to working with DHCS, the Center for Medicare & Medicaid Services (CMS), and health plans on ensuring the program's viability. We, however, oppose enrollment strategies that subject beneficiaries to a disruptive and confusing transition for the sake of short-term enrollment gains. Experience demonstrates that these strategies simply do not work. The proposed enrollment changes ignore lessons learned from implementation thus far, and require substantial resources from DHCS, the plans, the enrollment broker, and the stakeholder community to implement – resources that should be leveraged on improving the quality of the program and the beneficiary experience and thus promote retention. We strongly recommend implementing enrollment strategies that are simple and honor beneficiary choice to the greatest extent possible.

Throughout the development of the CCI, DHCS and CMS repeatedly promised to protect beneficiaries through the complicated transition into MLTSS and Cal MediConnect plans. Yet, DHCS and CMS moved forward with program implementation, ignoring stakeholder recommendations to slow down and conduct additional systems testing. As a result, beneficiaries experienced significant disruption and confusion, and anticipated enrollment goals were not met. Today, two years into implementation, health plans are just starting to deliver the innovative coordination benefits promised under this new delivery model. This has come about through developing trust with, and listening to, beneficiary and advocacy groups to develop best practices, and is ultimately what will ensure an increasing rate of enrollment and ongoing retention in the CCI.

The two enrollment proposals we collectively oppose here will only erode that hard-earned trust and push back even farther the potential for true long-term sustainability. Rather than building on programmatic progress, the enrollment proposals ignore DHCS's own evaluation data and threaten to

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revert the CCI back to the enrollment chaos of early implementation.¹ The current enrollment proposals focus solely on significantly increasing the number enrolled in the program without considering the devastating costs these strategies have on beneficiaries and the public support for the CCI.

Experience shows that passive enrollment strategies result in high opt-out rates, confusion, disruption in care, distrust of managed care, and high costs to plans.² The preliminary evaluation reports conducted nationally by RTI and in California by the University of California demonstrate that beneficiaries strongly disapprove of passive enrollment. Beneficiaries reported that the notices were confusing; they did not have enough time to feel comfortable making a decision; and the number of notices received was overwhelming. Nevertheless, DHCS plans to use the same notices and noticing process that caused the earlier confusion. Beneficiaries also reported significant disruption in care due to passive enrollment. The focus groups found that many beneficiaries did not know they were enrolled in a plan until they experienced a disruption in care at their provider office or at the pharmacy.³

DHCS proposes to passively enroll over 100,000 beneficiaries in a two-month period. Such an influx of enrollees is staggering. The plans, HICAPs, Ombudsman, enrollment broker, and the broader community lack the capacity to meet the needs of the affected beneficiaries, especially on the expedited timeline DHCS has proposed, under which the first set of notices would be mailed to beneficiaries late next month.

The “streamlined” enrollment strategy erodes important consumer protections and increases the likelihood that beneficiaries will be enrolled in a plan that does not meet their needs. Today under current rules, Cal MediConnect plans, unlike other Medicare products, have the ability to reach out unsolicited to individuals who already opted out of the program to convince them to reconsider enrolling. Eliminating or dramatically reducing the role of the enrollment broker in the process would offer beneficiaries no opportunity to consider their options without the plan present or receive information from an independent source. Furthermore, there is no evidence that the enrollment broker has acted as a barrier to beneficiaries looking to enroll in Cal MediConnect.

The earlier rounds of enrollment generated valuable data pointing to who opted out or disenrolled and why. Yet, DHCS’s proposals do not address the underlying issues that account for the low participation rates and ongoing disenrollment. For example, specific limited English proficient populations opted out at rates ranging from 60-95%.⁴ The current proposals do nothing to avoid the same outcome. Similarly, the proposals do not address the churn among duals that occurs when members are persuaded to disenroll and join another Medicare product, which accounts for 93% of involuntary disenrollments from Cal MediConnect plans.⁵

DHCS must adopt enrollment strategies that are simple and honor beneficiary choice. We strongly encourage DHCS to adopt a voluntary enrollment strategy. Experience to date has proven that

¹ See, [Justice in Aging CCI Fix List](#), March 2015.

² See, “[Report on Early Implementation of Demonstrations Under the Financial Alignment Initiative](#),” Oct. 2015; “[Rapid Cycle Polling of Medicare/Medi-Cal Individuals](#),” Oct. 2015, Dec. 2015; “[Evaluation of Cal MediConnect: Results of Focus Groups with Beneficiaries](#),” March 2016.

³ [RTI Evaluation](#), pg. 10.

⁴ [Cal MediConnect Monthly Enrollment Dashboard, March 2016](#); [Cal MediConnect Opt-Out Breakdown by Language, Ethnicity & Age by County, March 2016](#).

⁵ [Cal MediConnect Monthly Enrollment Dashboard, March 2016](#), fn. 2.

complicated enrollment strategies do not work. Voluntary enrollment requires fewer notices, does not tax current enrollment systems, results in fewer unforeseen disruptions in care, and allows beneficiaries to make person-centered informed choices. We know from past transitions that beneficiaries who make truly informed enrollment decisions are more likely to remain enrolled in a plan and be satisfied with their choice. For a pilot program, DHCS should not continue to use strategies that have proven ineffective and disruptive. Instead, resources should be dedicated to developing a comprehensive voluntary enrollment strategy, improving the quality of the services rendered by the health plans, and adopting and expanding on policies that would improve retention.

We are ready to work with DHCS and CMS to design alternative enrollment procedures that fully protect beneficiaries. A number of the undersigned will submit more detailed comments and recommendations under a separate cover.

Sincerely,

Justice in Aging
AARP California
Advocates for African American Elders
Aging Services Collaborative of Santa Clara County
Asian Americans Advancing Justice – Los Angeles
California Advocates for Nursing Home Reform
California Association of Public Authorities for IHSS
California Foundation for Independent Living Centers
California Health Advocates
California Medical Association
California Senior Leaders Alliance
Center for Health Care Rights
Chinatown Service Center
Coordinated Care Initiative Ombudsman
Disability Rights California
Disability Rights Education & Defense Fund
Huntington Hospital Senior Care Network
HICAP of Sourcewise
Jewish Family Service of Los Angeles
Legal Aid Society of Orange County
Legal Aid Society of San Diego
LifeSTEPS (Life Skills Training & Educational Programs)
Little Tokyo Service Center
Los Angeles Aging Advocacy Coalition
MSSP Site Association
National Health Law Program
Neighborhood Legal Services of Los Angeles County
Personal Assistance Services Council of Los Angeles County
Southern California Services for Independent Living
St. Barnabas Senior Services
Western Center on Law & Poverty
WISE and Healthy Aging Long-Term Care Ombudsman