



Personal Assistance
Services Council
Of
Los Angeles County

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Empowering Dual Eligible Consumers through Information Exchange:

Early Lessons from Cal MediConnect

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PASC Background

The Personal Assistance Services Council is the Los Angeles County In-Home Supportive Services (IHSS) public authority. Over 190,000 LA County seniors and people with disabilities receive IHSS services from over 130,000 providers. IHSS is a Medi-Cal benefit started in the 1970s and the cornerstone of IHSS is the consumer-directed foundation of the program; consumers are experts on their own lives; they are the ones who are best able to direct the services they receive. IHSS has helped make it possible for people with disabilities and seniors to live productive lives in the community without being forced into institutions. Through PASC's provider registry, monthly telephone town halls, and on-going consumer outreach and training programs, PASC connects with thousands of IHSS recipients and hears their concerns, complaints, fears, and suggestions about IHSS. Over the past several years, IHSS consumers have experienced massive changes including cuts in their IHSS service hours, a new payroll process for their IHSS providers, and, a newly structured health care program with the launching of Cal MediConnect¹ in April 2014. Cal MediConnect is for people who are on both Medicare and Medi-Cal, and it coordinates services from both of these programs. In this workshop, we look at the communication strategies PASC utilized with these IHSS recipients concerning Cal MediConnect and some of the lessons that we learned from those communications.

Cal MediConnect

Cal MediConnect is a new kind of managed care plan that combines Medicare and Medi-Cal services for people who receive services from both programs. This population is primarily seniors and people with disabilities who are particularly vulnerable, at-risk, and highly medicated. Eligible individuals can opt out of Cal MediConnect for their Medicare services—that is, they can keep their doctors and specialists and services paid for by Medicare—but they must select a Medi-Cal Only plan for services provided by Medi-Cal, including their long term services and supports. If the eligible individual does not make a decision and convey that decision to the State, the State will make a choice for the individual—they will enroll the person into a Cal MediConnect plan. Conveying the facts and choices of this program can be problematic because of people's fear of something new, suspicion of government making a choice for them, overall distrust of and misinformation about managed care,

¹ See "Do you have Medicare and Medi-Cal?" Handout http://www.calduals.org/wp-content/uploads/2014/10/BasicCCI_LA_10.30.14.pdf

as well as materials from the state about this program that were often confusing and unclear about deadlines and options. For an individual trying to make an enrollment decision, these concerns are further compounded by the complicated details of Cal MediConnect—there are five MediConnect plans in Los Angeles; a variety of enrollment dates for different groups; some of the Medi-Cal Only plans are operated by the same parent company and therefore have the same name as the Cal MediConnect plans; mistaken Medicare Part D cancellations; mistaken mailings from the State to beneficiaries—to name a few.

With so many complicated details and individual considerations, listening to advice from friends and neighbors about their decision did not necessarily result in a decision that was good for the individual. Rather, discussions with friends and family could lead to more confusion and misinformation. In addition, beneficiaries often got advice from their doctors not to participate in Cal MediConnect even though the medical provider's recommendation may not have been based on the interests of the beneficiaries but on other motivations.

Talking about Cal MediConnect with Eligible Individuals

PASC Peer Mentors

PASC's outreach strategies on Cal MediConnect start from the notion of listening rather than presenting complicated "in the weeds" information to eligible individuals. Using a simple one page handout of frequently asked questions² and resource referral phone numbers, PASC's peer mentors—IHSS recipients, many of whom are dual eligible—facilitated nearly fifty small group discussions in senior centers, senior housing buildings, and independent living centers throughout Los Angeles County.

Chart 1: Peer-Facilitated Discussions on Cal MediConnect

	Peer Mentors Cumulative	Trainings for Peer Mentors	Peer Sessions	Participants
July-Sept, '13	4	1	12	141
Oct-Dec, '13	12	2	8	107
Jan-Mar, '14	20	1	3	24
Apr-June, '14	20	2	4	46
July-Sept, '14	25	3	13	115
Oct-Dec, '14	35	0	1	13
TOTAL	35	9	41	446

These peer-facilitated discussions provided an opportunity for participants to exchange views, ask questions, and express their opinions about Cal MediConnect. With no power point loaded with multitudes of specific details, the goal of the peer-facilitated discussions was to urge participants to focus on what they were going to do to make their decision. The peers worked to empower participants with referrals and research tasks that they could do to make a decision that was in their best interest. While peers acknowledged the importance of a participant's question about program details, they did not provide answers, rather they engaged the participant in a strategy to figure out how to get the answer to the question they were asking—call the Center for Health

² See "If You Have Medicare and Medi-Cal" Handout

Care Rights (HICAP), figure out which of the Cal MediConnect plans had providers near their home, talk to their current doctor, see which plans included their medications on their formulary, etc.

Participants often came into these discussions saying they were confused and that they “weren’t going to do anything.” The peers would talk through those statements, so the participants could see that inaction would result in the State making a decision for the participant. Another frequent comment was “I am just going to ask my doctor what to do,” and the peers would have to talk through that statement to show that the doctor’s interests did not always align neatly with the beneficiary’s. Peers sometimes asked “test” questions to see if participants understood their options. Over and over, they reminded participants of resources available to them in making their decision: the Center for Health Care Rights, Senior Care Network, and participating in PASC’s monthly telephone town halls. The excitement and fun in these sessions were palpable! People laughed, talked openly, argued with each other, expressed their opinions, felt free to ask questions that they said were “stupid,” and often invited the peers back for another discussion.

PASC Telephone Town Halls

In addition, since April 2013, PASC held 10 Cal MediConnect-related telephone town halls with an average of 1,000 participants on each call. The calls were paid for by Los Angeles County Cal MediConnect managed care plans. The format for the calls was for PASC’s Executive Director to welcome participants and make a few comments, take comments from speakers who included an advocate and representatives from a Cal MediConnect plan, poll participants with polling questions throughout the call, and take live questions from participants throughout the call. Participants were encouraged to push *3 at any time during and after the call to ask a question or leave a comment. Generally over 100 questions or comments came in from participants, and 20-30 participants “went live” with their question during the call. For questions that did not “go live,” PASC outreach staff and peer mentors contacted these participants after the town hall to answer their questions.

Chart 2: Polling Questions and Answers from Cal MediConnect-Related Calls

1) Do you need help managing your medical and personal care including IHSS?	Number: 316	Yes—85%	No—15%
2) Are you on Medicare and Medi-Cal?	Number: 567	Yes—76%	No—24%
3) How do you feel about going into managed care?	Number: 91	Will serve my needs better—5%	Make things worse—32% I am not informed enough—63%
4) Do you have enough information to choose a health plan?	Number: 199	Yes—25%	No—75%
5) Do you understand that IHSS will now come through your health plan?	Number: 215	Yes—42%	No—58%
6) Do you understand Cal MediConnect?	Number: 432	Yes—13%	No—87%
7) If I have a question, I can call the Center for Health Care Rights?	Number: 61	Yes—97%	No—3%
8) I can opt out: Number: 49	For my Medicare? Yes—31%	For my Medi-Cal benefits? Yes—29%	For both? Yes—40%
9) To keep getting IHSS, I need to select a Medi-Cal Managed Care Plan?	Number: 76	True—42%	False—58%
10) Can you decide today about Cal MediConnect?	Number: 120	Yes—32%	No—68%
11) Now that you’ve heard this discussion, do you like having the help of a care coordinator?	Number: 77	Yes: 58%	No: 42%
12) Do you like having a health plan take care of all your Medicare and Medi-Cal needs?	Number: 116	Yes—18%	No—37% Undecided—45%
13) I have already decided to opt out.	Number: 107	Yes—43%	No—57%
14) Having a care coordinator would benefit me.	Number: 161	Yes—57%	No—43%
15) Do you know about Cal MediConnect?	Number: 484	Yes—23%	No—77%
16) Do you want more information on Cal MediConnect?	Number: 233	Yes—73%	No—27%
17) Are you considering joining a plan?	Number: 302	Seriously—10%	Haven’t decided—55% Ready to opt out—35%
18) I want my IHSS provider to participate on my care team.	Number: 119	Yes—61%	No—39%
19) Having Medicare and Medi-Cal benefits coordinated is important to me.	Number: 130	True—72%	False—28%
20) Under continuity of care, you can see your old doctor for up to six months?	Number: 134	True—76%	False—24%

Confusion, uncertainty, and the need for education on Cal MediConnect among telephone town hall participants are particularly obvious themes when looking at percentages in telephone town hall polling questions 4, 6, 10, 15, and 16 in which respondents consistently indicate not being ready or not having enough information to decide on Cal MediConnect. Participants are conflicted with regard to Cal MediConnect as seen in questions 1, 11, 14, and 19, with over 50% of telephone town hall respondents saying they are positive toward care coordination and yet only 10% indicate they are seriously considering enrolling in Cal MediConnect and 43% have already decided to opt out.

Chart 3: Questions and Concerns from Participants in Peer-Facilitated Discussions and Participants Who Left Questions after Cal MediConnect-Related Telephone Town Halls

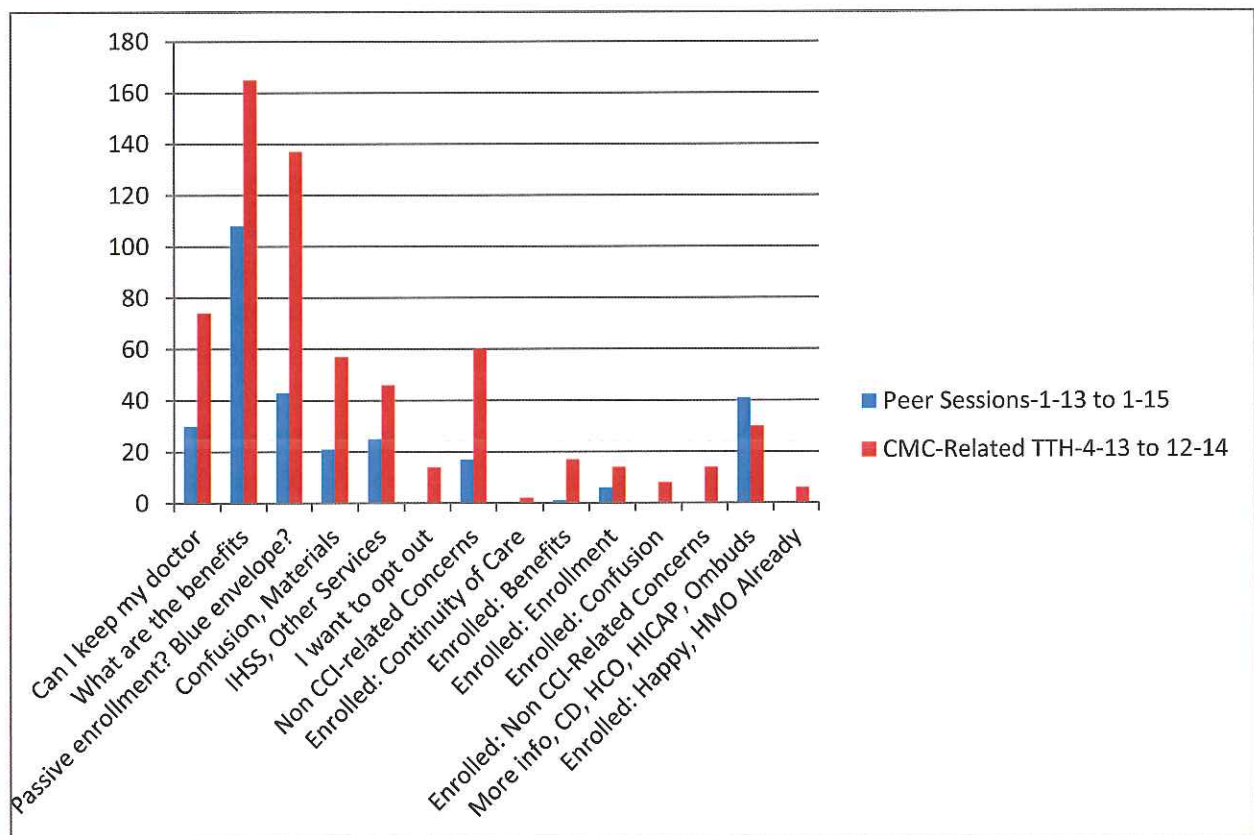


Chart 3 shows categories of questions from participants who left questions after Cal MediConnect-related town halls (in red) and alongside of questions from participants in peer-facilitated discussions (in blue). While the total numbers for the telephone town halls and the peer-facilitated discussions are very different—many more telephone town hall participants than peer discussion participants—the chart shows that peer discussion participants and telephone town hall participants generally raised similar concerns across all categories excepting the “More info...” category.

Discussion

In both Cal MediConnect outreach strategies, PASC explained over and over to recipients—*you can enroll in Cal MediConnect for both your Medicare and your Medi-Cal, or you can keep your Medicare the way it is and*

enroll in a Medi-Cal Only plan for your Medi-Cal services. If you don't decide, the state will decide for you. In both strategies PASC encouraged recipients to focus on what they need to do to make a decision that is best for them. PASC peers and telephone town hall presenters provided information on options that participants had, where they could go for more information, provided easy-to-understand materials with information and phone numbers, and explained the reality of passive enrollment (if you don't decide, the state will decide for you) to participants. PASC was careful to never encourage enrolling or opting out of Cal MediConnect.

California Department of Health Care Services (CDHS) data³ through January 2015 indicate a 54% opt out rate overall among eligible individuals—a rate higher than initially expected by the state—and the opt out rate among IHSS recipients is higher than the overall opt out rate in all participating counties. Los Angeles County's opt out rate among eligible individuals was 61% and an even higher opt out rate, 73%, for the county's IHSS recipients. Further, Los Angeles County IHSS recipients opted out at a higher rate than IHSS recipients in other participating live counties, including Riverside, San Bernardino, and San Diego.

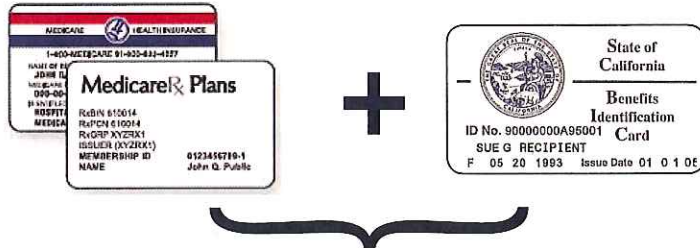
While the participants in both PASC's outreach efforts are not likely to be the same people included in the CDHS data, considerations for why there is a higher opt out rate among Los Angeles IHSS recipients might include some of PASC's experiences already described here. Confusion and uncertainty are seen in conflicting data in Chart 2 where 85% of respondents said they need help in coordinating their care and yet only 10% of respondents are ready to enroll. With health care being such a major aspect of the lives of seniors and people with disabilities, it is possible that IHSS recipients' confusion about Cal MediConnect would operate against making such a major change in their health care.

Faced with the possibility of passive enrollment, confusion about benefits, complicated materials, incorrect notices, negative advice from their doctor, and other concerns already mentioned, an IHSS recipient may not want the State to make this decision for them and instead choose to opt out. Making a decision to enroll or not to enroll in Cal MediConnect is a highly individualized choice that depends on the wants and needs of each individual consumer. PASC's continuing efforts are aimed at helping recipients understand their options and their resources in making the decision that serves them best.

³ See "Department of Health Care Services – January – 2015" Handout
<http://www.calduals.org/wp-content/uploads/2015/01/CMC-Enrollment-Data-Nov14-and-Jan15.pdf>

Do you have Medicare and Medi-Cal?

If so, you can combine all your Medicare and Medi-Cal benefits under one coordinated health plan called **Cal MediConnect**. You can keep seeing your doctors and specialists if they are with a Cal MediConnect plan.



CalMediConnect

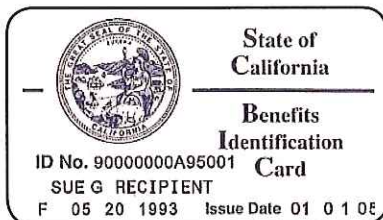
All Cal MediConnect plans include:

- All Medicare (Parts A, B, D) and Medi-Cal benefits and services
- Long term Services and Supports:
 - Multipurpose Senior Services Program
 - In-Home Supportive Services
 - Community-Based Adult Services
 - Nursing facilities
- Vision and transportation benefits
- Care Coordination

With Cal MediConnect, you'll only have **one card** and **one phone number** to call for all your health care needs. You are not required to join Cal MediConnect - you *can* keep your Medicare the way it is today. However, if you keep your regular Medicare, you *must* choose a Medi-Cal plan to receive those services. See the reverse for your county's health plans.

Do you have Medi-Cal?

Medi-Cal will be provided through a **Managed Long-Term Services and Supports (MLTSS)** health plan. All the same Medi-Cal benefits you receive today will still be covered. You can choose a Medi-Cal health plan, or you will be automatically enrolled into a plan.



Medi-Cal MLTSS plans will coordinate:

- MSSP: Multipurpose Senior Services Program
- IHSS: In-Home Supportive Services
- CBAS: Community-Based Adult Services
- Nursing facilities

If you qualify for Cal MediConnect or need to choose a Medi-Cal plan, you will receive notices in blue envelopes in the mail.

For help choosing a plan: **HICAP (Health Insurance Counseling & Advocacy Program)**
1-213-383-4519

To fix problems with your Cal MediConnect plan: **Cal MediConnect Ombudsman**
1-855-501-3077

To make a choice: **Health Care Options**
1-844-580-7272



Cal MediConnect Health Plans



Care1st Cal MediConnect

1-855-905-3825

TTY: 711

www.care1st.com/ca/calmediconnect



CareMore Cal MediConnect

1-888-350-3447

TTY: 711

www.duals.caremore.com



Molina Dual Options

1-855-665-4627

TTY: 711

www.molinahealthcare.com/duals



Health Net Cal MediConnect

1-888-788-5395

TTY: 711

www.healthnet.com/calmediconnect



L.A. Care Cal MediConnect

1-888-522-1298

TTY: 1-888-212-4460

www.calmediconnectla.org

Medi-Cal Health Plans



Care1st Health Plan

1-800-605-2556

TTY: 1-800-735-2929

www.care1st.com



Anthem Blue Cross

1-800-407-4627

TTY: 1-888-757-6034

www.anthem.com



Molina Health Plan

1-888-665-4621

TTY: 1-800-479-3310

www.molinahealthcare.com



Health Net

1-800-327-0502

TTY: 1-800-431-0964

www.healthnet.com



L.A. Care

1-888-839-9909

TTY: 1-866-522-2731

www.lacare.org



Kaiser Permanente

1-800-464-4000

TTY: 1-800-777-1370

www.kp.org

PACE (Program of All-inclusive Care for the Elderly)

A coordinated plan for Medi-Medis who benefit from higher levels of care.



Brandman Centers for Senior Care

1-818-774-3065

TTY: 1-818-774-3194

www.brandmanseniorcare.org



AltaMed PACE

1-877-462-2682

TTY: 1-800-735-2922

www.altamed.org

IF YOU HAVE MEDICARE AND MEDI-CAL...

You can enroll in Cal MediConnect, a new insurance program that coordinates your health and long term services and supports. You can enroll in Cal MediConnect for both your Medicare and Medi-Cal. The Cal MediConnect plans for LA County are: Care 1st, Care More, Health Net, LA Care, and Molina.

IF YOU WANT TO KEEP YOUR MEDICARE THE WAY IT IS OR IF YOU HAVE MEDI-CAL ONLY...

You must select a Medi-Cal Only managed care plan. The Medi-Cal Only plans for LA County are: Anthem Blue Cross, Care 1st, Health Net, Kaiser, LA Care, and Molina.

WHEN YOU ENROLL IN CAL MEDICONNECT OR IN A MEDI-CAL ONLY PLAN:

- You do not lose IHSS hours and you still have the right to hire, fire, and manage your worker.
- Your enrollment date depends on your birthday and other factors.
- You will receive BLUE envelope mailings about Cal MediConnect and your decision date.
- You must tell the state your decision or they will select a plan for you.

HOW TO DECIDE WHAT'S BEST FOR YOU:

- 1) Consider your unique situation and needs:
 - ✓ Make a list of your doctors, specialists, and prescription drugs.
 - ✓ Are you in a course of treatment that you don't want interrupted?
 - ✓ Do you need transportation to medical appointments?
 - ✓ Would you like help in managing your medical needs and services?
 - ✓ Do you have special accessibility or language needs with your providers?
- 2) Figure out if any one of the Cal MediConnect plans would meet these needs:
 - Talk to your doctor to see if he is in one of the Cal MediConnect plans listed above.
 - Call the Center for Health Care Rights (1-800-824-0780); explain your situation and they will help you understand your options; ask them if your doctors and medications are in any one of the plans; ask them if the plan has a doctor that speaks your language.
 - Talk to the Cal MediConnect plans about their doctors, medications, locations, services.
- 3) Tell the state your decision:
 - ❖ Complete and mail back the Choice Form that you received in a blue envelope.
 - ❖ Or call Health Care Options (1-844-580-7272) and tell them your decision.



To talk about your options, make an appointment for a telephone meeting:

Center for Health Care Rights (HICAP in LA County): (800) 824-0780

To tell the state your decision to enroll or not enroll in Cal MediConnect:

Health Care Options: (844) 580-7272

For problems with Cal MediConnect:

Neighborhood Legal Services: (855) 501-3077

To talk about IHSS and Advocacy:

Call PASC: (626) 737-7514

November 2014 Cal MediConnect Enrollment, Opt Out and Disenrollment

County	Overall			IHSS			Non-IHSS		
	Enrolled	Opt-Out	Disenrolled ³	Enrolled	Opt-Out	Disenrolled ³	Enrolled	Opt-Out	Disenrolled ³
Los Angeles	25%	61%	15%	13%	73%	15%	33%	52%	15%
Riverside	43%	43%	13%	33%	50%	17%	47%	41%	12%
San Bernardino	39%	47%	14%	31%	53%	16%	42%	45%	13%
San Diego	37%	45%	18%	23%	55%	22%	41%	42%	17%
San Mateo ¹	66%	34%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Santa Clara ²	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	31%	54%	15%	17%	68%	16%	37%	48%	15%
Total w/o LA	41%	44%	14%	28%	53%	19%	43%	43%	15%

January 2015 Cal MediConnect Enrollment, Opt Out and Disenrollment

County	Overall			IHSS			Non-IHSS		
	Enrolled	Opt-Out	Disenrolled ³	Enrolled	Opt-Out	Disenrolled ³	Enrolled	Opt-Out	Disenrolled ³
Los Angeles	32%	55%	13%	20%	66%	13%	39%	48%	12%
Riverside	53%	36%	11%	43%	43%	15%	56%	34%	10%
San Bernardino	51%	38%	11%	42%	45%	14%	54%	36%	10%
San Diego	42%	44%	14%	30%	53%	17%	45%	41%	14%
San Mateo ¹	85%	13%	3%	n/a	n/a	n/a	n/a	n/a	n/a
Santa Clara	59%	41%	0%	49%	51%	0%	62%	37%	0%
Total	40%	48%	12%	26%	61%	13%	45%	44%	12%
Total w/o LA	52%	38%	10%	39%	48%	13%	52%	38%	11%

Notes:

1: San Mateo information is derived from the CMC Dashboard Data, since Health Plan of San Mateo is responsible for its own enrollment, we do not currently have the data available broken out by population, therefore the total rows for IHSS/Non-IHSS do not include San Mateo.

2: Santa Clara did not begin enrollment until January 2015

3: Disenrolled includes those involuntarily disenrolled, such as those who lose Medi-Cal benefits.

