



Streamlining the Cal MediConnect Voluntary Enrollment Experience

April 2016

This is one of three documents released by the Department of Health Care Services (DHCS) containing proposals for a comprehensive strategy to improve Cal MediConnect and ensure sustainable enrollment for the Coordinated Care Initiative. The other two documents are “Ensuring Sustainable Coordinated Care Initiative Enrollment” and “2016 Coordinated Care Initiative Program Improvements” and both are available on CalDuals.org. You can also find on CalDuals.org a populations chart. The proposals in all three documents are open for stakeholder comment. Comments are due to DHCS on April 22, 2016 and should be submitted to info@calduals.org. Please see the text below for specific questions to guide your input.

DHCS partners closely with stakeholders and the Centers for Medicare & Medicaid Services (CMS) to identify opportunities for improvement to the Coordinated Care Initiative (CCI). Since the program has launched, DHCS has been assessing plan performance and updating policies and procedures to better serve beneficiaries, including improvements to continuity of care, designing an enrollment assistant process, and implementing a deeming period for Cal MediConnect beneficiaries.

Early evaluation of quality data from Cal MediConnect has shown that the program is providing high quality care for beneficiaries and that enrolled beneficiaries are pleased with the program. The latest rapid cycle polling of beneficiaries in Cal MediConnect health plans found that seventy-eight percent of beneficiaries surveyed are satisfied with their choice of doctors, and felt the same about the way their different health care providers work together to give them the services they need. Seventy-nine percent of beneficiaries surveyed also felt confident that they can get their questions answered about their health needs.

DHCS has recently released a series of program improvement proposals. In addition, DHCS has been working with partners to evaluate the need to implement enrollment activities to ensure program sustainability. This document outlines one of these enrollment proposals: creating a new way for beneficiaries to voluntarily enroll into Cal MediConnect through their health plan, an option called “streamlined enrollment.” This new option would only be available to beneficiaries who are currently enrolled in a plan’s Medi-Cal managed care plan and want to switch to their Cal MediConnect product. Based on feedback from some stakeholders and the health plans, it may be easier for beneficiaries who want to take a second look at Cal MediConnect to provide that enrollment choice directly to their plan, rather than have to take a second step and communicate that choice directly to the state’s enrollment broker, Health Care Options (HCO).

Background

Currently, beneficiaries in Los Angeles, San Bernardino, San Diego, Santa Clara, and Riverside counties can only opt into a Cal MediConnect health plan by submitting an enrollment choice directly to Health Care Options (HCO), the Department’s enrollment broker.

They can do this in one of three ways:

- Beneficiaries may call HCO Monday through Friday, between 8:00AM to 5:00PM, to make an enrollment choice.
- Beneficiaries may call HCO and request to have an enrollment choice form mailed to them – and then mail a completed form back to HCO.
- Beneficiaries can go online and download an enrollment choice form and mail a completed form to HCO.

All health plans, including Cal MediConnect and Medi-Cal health plans, routinely communicate with their members and share information about additional coverage options available to them.

Cal MediConnect eligible beneficiaries who want to enroll into a Cal MediConnect health plan during routine communication with their current health plan are unable to make that enrollment choice seamlessly. Health plans are currently required to direct beneficiaries to HCO to request enrollment into a Cal MediConnect plan. Health plans talking to beneficiaries over the phone about enrollment options must ultimately transfer beneficiaries to HCO, which adds to the time a beneficiary must spend to make an enrollment decision. Additionally, health plans have additional resources (e.g., extended customer service hours) to provide education and enrollment support at the convenience of the beneficiary. Health plans may also instruct beneficiaries to mail an enrollment choice form to HCO.

DHCS has heard from stakeholders that these limitations place an additional and unnecessary burden on these beneficiaries, many of whom have complex health needs. It requires them to take additional steps to make choices about their health coverage, and may impact their ability to join a Cal MediConnect health plan.

Beneficiaries in San Mateo and Orange counties are not subject to these rules, and the Medi-Cal health plan in those counties can enroll members directly into the Cal MediConnect health plan. This is also similar to how Medicare Advantage health plans currently enroll members.

DHCS recognizes that making an enrollment choice in the non-COHS CCI counties should be easier for beneficiaries than it is today.

Proposed Process

After discussion and feedback from the health plans, health plan associations, stakeholders and CMS, DHCS is proposing a Streamlined Enrollment process to assist beneficiaries choosing and enrolling into a Cal MediConnect health plan. This proposal would only allow health plans to assist in the enrollment processing for beneficiaries that are currently in their Medi-Cal line of business into their Cal MediConnect line of business, through DHCS and HCO.

The Streamlined Enrollment process would allow Cal MediConnect health plans to collect the required information from beneficiaries and directly submit enrollment requests to HCO for processing. Cal MediConnect health plans would submit enrollment requests to HCO on a daily basis for processing. HCO would process the request after ensuring the beneficiary was eligible for Cal MediConnect. Once the enrollment request is processed, HCO would send a regular

confirmation notice to the beneficiary – as they do today when a beneficiary makes an enrollment choice. In addition, HCO would follow up with the beneficiary by phone to confirm that the enrollment choice was processed. This process will allow health plans to facilitate a better customer service experience for beneficiaries and will at the same time make the enrollment process more efficient.

DHCS would analyze data regularly regarding the Streamlined Enrollment process to identify enrollment numbers and trends and determine if any health plan is not following the process appropriately. DHCS would provide technical assistance to the health plan and corrective action will be imposed, as appropriate.

The proposed streamlined process would give beneficiaries an additional – and simpler – way to enroll into a Cal MediConnect health plan. Beneficiaries would no longer need to separately communicate their choice to HCO after talking with their health plan or fill out and mail HCO an enrollment choice form when attempting to enroll into a Cal MediConnect health plan. Beneficiaries would be able to contact their Medi-Cal health plan directly to learn more about Cal MediConnect and request enrollment into a plan. This would make it simpler and quicker for beneficiaries to exercise their choice. Additionally, through the streamlined process, beneficiaries will be educated about Cal MediConnect through one-on-one interactions with their health plan. Early evaluation data and lessons learned from program outreach has suggested that beneficiaries prefer this type of education over written notices and materials.

Scope of Proposed Changes

The streamlined enrollment process would make it easier for beneficiaries to exercise their choice. This new process would not in any way change, conflict with, or remove existing Medicare, Medi-Cal, or Cal MediConnect marketing guidelines and rules. The streamlined enrollment process would **NOT** remove existing restrictions that limit health plans' ability to contact beneficiaries to educate them about their health plan choices. For the purpose of streamlined enrollment, Cal MediConnect health plans are only allowed to enroll beneficiaries currently in their matching Medi-Cal line of business and who are not currently eligible for passive enrollment.

Beneficiaries would maintain the same rights and protections, but would have one additional way of exercising their choice. Using the streamlined enrollment process would not alter a beneficiary's right to change an enrollment decision at any time. Beneficiaries would still be able to change their mind and make a new decision for what health plan will serve them best. Like any Medi-Cal or Medicare enrollment choice, an enrollment choice made using the streamlined enrollment process is **NOT** permanent and can be changed easily.

DHCS is proposing this process to allow health plans to both market and facilitate enrollment into Cal MediConnect health plan. At the same time, in order to ensure that beneficiaries are protected, health plans will be limited to using streamlined enrollment only for those beneficiaries already in their Medi-Cal health plan. We believe this is an important step to ensure the viability of the Cal MediConnect program.

Frequently Asked Questions

- Why are you making this change?
 - Today, enrolling into Cal MediConnect is not as easy as it should be for many beneficiaries in some CCI counties. Dual eligible beneficiaries in San Mateo and Orange County can easily make an enrollment choice by calling their Medi-Cal or Cal MediConnect health plan. Beneficiaries in Los Angeles, San Bernardino, Santa Clara, San Diego, and Riverside are restricted to requesting or downloading a choice form and then mailing a completed form to HCO or calling HCO's call center, which operates limited hours. Streamlined enrollment would be an additional way for beneficiaries to exercise their choice. Streamlined enrollment would allow beneficiaries to make enrollment choices by contacting their Medi-Cal health plans directly. This would reduce the time it takes for them to complete the enrollment process.
- How long will an enrollment take? How long does it take now?
 - Cal MediConnect health plans will be required to transmit enrollment files to DHCS daily. DHCS will then verify that the beneficiary is eligible to join a Cal MediConnect health plan. If eligibility is confirmed, DHCS will process the enrollment choice. The beneficiary will receive a confirmation call and be mailed a confirmation notice. As with all Medi-Cal enrollment changes the effective date will generally be the beginning of the following month.
 - If the beneficiary is found to be ineligible for Cal MediConnect, DHCS will send the beneficiary a denial letter and inform the Cal MediConnect health plan that submitted the choice.
- Should beneficiaries in Medi-Cal Managed Care health plans be worried that this will increase the number of times their health plan contacts them?
 - Cal MediConnect health plans routinely communicate with their existing members for a variety of reasons. We do not anticipate the frequency of this communication changing as a result of implementing the streamlined enrollment process. Streamlined enrollment would not alter, reduce, or remove any existing Medicare and Medi-Cal marketing restrictions. Cal MediConnect health plans are currently allowed to market this health plan product and this change will streamline the enrollment experience for beneficiaries interested in enrolling in Cal MediConnect.
- Will the notification letters beneficiaries receive be different than ones currently used? Can we see drafts?
 - HCO will be using the existing beneficiary notification letters, which were developed with stakeholder comment to meet the needs of the Cal MediConnect program.
- Will the HCO call script developed for confirmation calls be shared publically for comment?
 - Yes, in the coming weeks.
- What safeguards are in place to ensure beneficiaries are making these enrollment decisions for themselves?
 - Anytime a beneficiary makes an enrollment choice, they receive a notification letter from DHCS confirming the action that was taken, which includes information on the

effective date of that action and how the beneficiary can correct any errors or make a new health plan choice. Beneficiaries who use the streamlined enrollment process to make an enrollment choice will receive this notification letter.

- As an added safeguard against potential fraud, HCO will call beneficiaries confirming that their enrollment choice has been processed. Beneficiaries who use the streamlined enrollment process to make an enrollment choice have the same rights and protections as those who enroll through HCO. All beneficiaries in Medi-Cal, including those in Cal MediConnect, can always change their health plan choice at any time.
- What safeguards are in place to ensure that health plans are not pressuring beneficiaries to join Cal MediConnect?
 - Health plans continue to be subject to the Medicare and Medi-Cal health plan marketing rules, as well as the federal consequences for marketing violations.
- Does this allow health plans to contact beneficiaries outside of their membership?
 - For the purpose of streamlined enrollment, Cal MediConnect health plans are only allowed to facilitate enrollment beneficiaries currently in their matching Medi-Cal line of business.
- What kinds of oversight activity will DHCS and CMS conduct on health plans to ensure health plans are in compliance with guidelines and restrictions?
 - DHCS and CMS will be monitoring streamlined enrollment through existing marketing monitoring activities.
- If the beneficiary completes the enrollment process with the health plan in a language other than English will HCO call the beneficiary in the appropriate language and send notifications in the appropriate language?
 - Yes. A beneficiary's language preference is available in MEDS which HCO will use for confirmation calls.
- How many times will HCO try to reach a beneficiary to confirm their enrollment decision?
 - HCO will attempt to contact the beneficiary five times over a three-day period.
- Which number will HCO use to call the beneficiary?
 - HCO will use the phone number they have on file to call the beneficiary.
- If the confirmation notification letter is returned due to an inaccurate address, will HCO cancel the enrollment choice?
 - No.
- If a beneficiary's contact information in Medi-Cal Eligibility Determination System (MEDS) does not match the information included in the enrollment file, will the State process the enrollment choice? Will DHCS or CMS update their data to reflect the information provided to HCO in the enrollment file?
 - Yes, the enrollment will be processed. DHCS and CMS cannot update beneficiary data without the beneficiary contacting their county eligibility worker or Social Security eligibility worker.