



Ensuring Sustainable Coordinated Care Initiative Enrollment

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 “Streamlining the Cal MediConnect Voluntary Enrollment Process” 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 health 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. 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.

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. Funded by The SCAN Foundation, this polling confirms that beneficiaries in Cal MediConnect are reasonably confident in their care and satisfied with their services.

To ensure the sustainability of the Coordinated Care Initiative, DHCS is proposing strategies to increase and promote stable enrollment of beneficiaries eligible for Cal MediConnect and Medi-Cal Managed Long-Term Services and Supports (MLTSS). DHCS is also exploring potentially expanding the deeming period to reduce churn out of Cal MediConnect. These proposals are an extension of previous passive enrollment policies and would operationalize the existing mandatory MLTSS enrollment policy. They also build on the lessons learned from prior enrollment experiences of the State including earlier Cal MediConnect passive enrollment periods.

- **Annual Passive Enrollment into Cal MediConnect:** Beneficiaries who became eligible prior to January 2016—but have never received a passive enrollment notice before— would be notified about Cal MediConnect beginning in June 2016, and passively enrolled in Cal MediConnect in September and October of 2016. Beneficiaries who became eligible for Cal MediConnect beginning in January 2016 would be passively enrolled in 2017.

- **Operationalizing Mandatory MLTSS Enrollment:** Beneficiaries who became newly eligible for MLTSS since passive enrollment in their county ended would be mandatorily enrolled in a Medi-Cal managed care health plan, and those who become eligible moving forward will be enrolled on a monthly basis. This would operationalize the mandatory MLTSS enrollment policies that have been in place since the CCI began. DHCS would potentially begin MLTSS enrollment in July 2016.
- **Exploring Potential Extension of Deeming:** Currently, at least one month of deeming is available in all CCI counties to allow health plans to work with their beneficiaries and county to reestablish Medi-Cal eligibility before the beneficiary is disenrolled from the Cal MediConnect program. DHCS seeks to explore whether a longer deeming period is feasible. (See page 8 for more details.)

Background

The initial phase of passive enrollment into Cal MediConnect in non-COHS counties has been complete since December 2015. In these counties, the initial phase of passive enrollment was conducted over 12 months and most beneficiaries were enrolled in the month of their birth. The mechanics of this initial phase of passive enrollment were developed in partnership with stakeholders as were the materials used, including beneficiary notifications and the beneficiary and provider outreach plan. DHCS is committed to continuing to seek stakeholder input on CCI enrollment policies and operations, and to building on lessons learned from program implementation.

In the time since the first phase of passive enrollment ended in each of these counties, additional beneficiaries have become newly eligible for the CCI either due to gaining dual eligibility or by moving into a CCI county. While these duals have new options available to them under CCI, they have not yet received official notification of that eligibility from DHCS.

Eligible Populations

Annual Passive Enrollment into Cal MediConnect

DHCS is working with plans to ensure plans have access to timely eligibility information as part of these enrollment proposals. Eligibility for annual passive enrollment would follow existing eligibility rules. All existing excluded populations would continue to be excluded. These eligibility and exclusion criteria reflect stakeholder input received during the development of the CCI. Only those beneficiaries who have never been notified for passive enrollment would be included—this includes both those who are newly dually eligible and those duals who moved into a CCI county. Further, 2016 annual passive enrollment would include only those beneficiaries who became eligible in their county in 2014 or 2015 and did not receive any notices during the first phase of passive enrollment in the county. All beneficiaries who become eligible in 2016 would be held for annual passive enrollment in 2017 and enrolled only in an MLTSS health plan under current CCI policy. This would ensure that beneficiaries are not passively enrolled into two Medicare programs in one calendar year, per CMS guidelines. These beneficiaries would still have the choice to join Cal MediConnect on their own, but would not be eligible for passive enrollment.

As Chart 1 shows, the population eligible for Cal MediConnect passive enrollment includes mostly beneficiaries who are already in a Medi-Cal health plan, but also includes some duals currently in fee-for-service Medi-Cal. A small number of duals who would be passively enrolled into Cal MediConnect are currently in a Dual Eligible Special Needs Plan (D-SNP) that is affiliated with a Cal MediConnect health plan. These beneficiaries would be cross-walked to the corresponding Cal MediConnect health plan.

Chart 1: Beneficiaries Eligible for Cal MediConnect Passive Enrollment (as of December 2015)*

County	FFS Medicare & FFS Medi-Cal	D-SNP & FFS Medi-Cal	Medi-Cal Health Plan	Total
Los Angeles	14,200	2,700	43,600	60,500
Riverside	3,000	600	7,100	10,700
San Bernardino	5,400	900	6,400	12,700
San Diego	4,100	600	7,700	12,400
Santa Clara	1,200	100	7,700	9,000
Total	27,900	4,900	72,500	105,300

**Note: COHS counties are not included in these enrollment numbers and DHCS is working with San Mateo to determine feasibility for another phase of passive. Orange County is still conducting the first phase of passive and will not have another passive phase in 2016.*

Operationalizing Mandatory Enrollment into MLTSS

While focused on other aspects of implementing the CCI, DHCS has delayed operationalizing mandatory enrollment of MLTSS eligible into Medi-Cal managed care health plans, which has been program policy since the implementation of CCI. Eligibility for mandatory enrollment into MLTSS would also follow existing eligibility rules and include both new duals and non-duals who are new to Medi-Cal in the CCI counties and those duals who move into CCI counties. This eligibility would be determined monthly. COHS counties are already enrolling duals into their MLTSS product, so this change would only be for the non-COHS counties.

Proposed Process

Annual Passive Enrollment into Cal MediConnect

DHCS is aiming to have annual passive enrollment in Cal MediConnect complete ahead of Medicare open enrollment in order to reduce beneficiary confusion and reduce the pressure on organizations serving the Medicare population, including the Health Insurance Counseling & Advocacy Programs (HICAP). The two target months for passive enrollment would be September and October of 2016, with the first set of 90-day notices being mailed at the end of May 2016 (beneficiaries would receive notices at the beginning of June 2016).

DHCS welcomes general feedback on this proposal, and is soliciting specific feedback from stakeholders regarding the phasing of both 2016 and 2017 passive enrollment. DHCS is

proposing to begin by cross-walking beneficiaries in Medi-Cal health plans into corresponding Cal MediConnect plans in September 2016. Following this cross-walk, DHCS would passively enroll eligible beneficiaries currently in FFS Medi-Cal (including the D-SNP cross-walk) into Cal MediConnect.

- How should the eligible populations be divided between September and October of 2016?
 - Start with the Medi-Cal health plan cross-walk, then Medi-Cal FFS;
 - Start with Medi-Cal FFS, then the Medi-Cal health plan cross-walk;
 - Divide by birth months, regardless of Medi-Cal enrollment status; or
 - Other.
- When should the two-month passive enrollment period in 2017 take place? Enrollment must be complete by July 1, 2017 to comply with the current three-way contract for Cal MediConnect, and the target population would be beneficiaries who became eligible in 2016.

Ongoing Mandatory Enrollment into MLTSS

While enrollment into a MLTSS health plan has been mandatory for this population since CCI enrollment began, proper materials to inform newly eligible beneficiaries about their choices have not been available. Moving forward, when a dual beneficiary either gains Medi-Cal or moves to a CCI county, they would receive the new Cal MediConnect and MLTSS guidebook that outlines their health plan options. This includes information about Cal MediConnect, MLTSS, and PACE. The default option would be to enroll a beneficiary into an MLTSS health plan.

With the completion of the new Cal MediConnect and MLTSS guidebook, DHCS would begin operationalizing a procedure to automatically enroll duals new to Medi-Cal or new to a CCI county into an MLTSS health plan, beyond the first phase of passive enrollment.

- The new Cal MediConnect and MLTSS guidebook is scheduled to be finalized by June 2016.
- The first mailing of the new guidebook would be in July 2016, notifying beneficiaries of their new options and that they have a month to make a decision.
- Mandatory enrollment into MLTSS health plans would begin in August 2016.
- Mailings and enrollments would continue daily.
- Beneficiaries who are mandatorily enrolled in MLTSS health plans in 2016 would become eligible for passive enrollment into Cal MediConnect in 2017.

Beneficiary Protections

Annual Passive Enrollment into Cal MediConnect

DHCS is proposing an annual two-month passive enrollment process to allow for targeted and intensive outreach and education and to minimize transition issues and beneficiary confusion. Concluding passive enrollment ahead of the Medicare open enrollment period would also reduce the burden on the HICAPs and other partners who support this population.

Beneficiaries eligible for passive enrollment would not be eligible for streamlined enrollment and are being protected by other applicable Medicare and Medi-Cal marketing rules. DHCS would also be using the existing beneficiary notifications, which were developed with stakeholder input, went

through user testing, and are familiar to many information intermediaries (including HICAPs, the Ombudsman and community-based organizations) who would be working with beneficiaries.

Early evaluation data on the Cal MediConnect enrollment process has indicated that beneficiaries could benefit from specific additional information and materials, particularly information around how to keep seeing their current doctors and decision guides. In response, DHCS has developed a beneficiary toolkit that will help meet those needs. That toolkit is currently undergoing user testing with Health Research for Action at the UC Berkeley School of Public Health and will be finalized and distributed to the health plans, advocates, and community organizations, including HICAPs and the Ombudsman, by the time passive enrollment would begin.

Additionally, the passive enrollment process would build on the lessons learned from the first phase of passive enrollment to reduce beneficiary transition issues. DHCS will ensure it continues to utilize enhanced protections implemented during the initial phase of passive enrollment to confirm eligibility for Cal MediConnect prior to mailing 90-day notices or submitting enrollment transactions to CMS. These protections included quality checks for population groups such as Intermediate Care Facilities recipients, other health coverage, End Stage Renal Disease, certain Waiver programs, and voluntary zip codes. Additional oversight processes were put in place during the first phase of passive to ensure mailings would be sent out timely and that ineligible beneficiaries would not be erroneously notified. DHCS will continue to assess these oversight activities. The Contract Management Teams, composed of CMS and DHCS staff, would work with the health plans receiving new passive enrollment to assess staffing capacity to ensure it is appropriate for the anticipated volume of new enrollees. The CMT would also continue to receive regular reporting from the health plans to monitor that the staffing levels support timely completion of Health Risk Assessments (HRAs) for high- and low-risk enrollees.

In addition, DHCS would continue to utilize enrollment approaches that make a beneficiary's transition into Cal MediConnect as smooth as possible. Where possible, beneficiaries would be cross-walked into the Cal MediConnect health plan that corresponds with their existing Medi-Cal health plan or D-SNP to ensure continuity of providers. DHCS would use Medicare claims data to assign members in Medi-Cal FFS to Cal MediConnect health plans that include their providers, where possible. DHCS would continue using the detailed quality assurance process developed over the course of the first phase of passive enrollment in order to minimize the risk of erroneous notices.

The plans participating in the CCI program stand ready to serve new members entering the program, allowing them to benefit from having a medical home, coordinated care and a wealth of supports across the continuum of care. Through their experience with transitioning duals into the CCI during the first round of passive enrollment, the plans have developed systems to ensure new members have continuity of care that will help avoid disruptions in care and can begin to utilize the full spectrum of care and support available. In working closely with DHCS, the plans will identify members needs and assign case managers to ease the transition into managed care.

Mandatory Enrollment into MLTSS

For Medicare beneficiaries new to Medi-Cal, the new Cal MediConnect and MLTSS guidebook from DHCS would be the first point of information about their new health plan options—Cal MediConnect, MLTSS, or PACE. To give beneficiaries time to learn more about their new dual

eligible status, the default option would be enrolling into a Medi-Cal health plan. This would enable beneficiaries to become familiar with that health plan before they would be cross-walked into the health plan's Cal MediConnect product during the following year's passive enrollment process. Beneficiaries would be assigned to Medi-Cal health plans according to an algorithm that is based in part on the quality of the Medi-Cal health plans, giving higher enrollment numbers to those health plans with higher performance.

Stakeholder Input: What additional beneficiary protections should be considered for annual passive enrollment into Cal MediConnect and for mandatory enrollment into MLTSS?

Frequently Asked Questions

- What notices and other enrollment materials would be used?
 - The existing Cal MediConnect notices would be used for the passive enrollment process. These notices have been through significant stakeholder review and beneficiary user testing.
 - The new Cal MediConnect and MLTSS guidebook would be used in the mandatory enrollment into MLTSS process. This has also gone through stakeholder review and beneficiary user testing.
- If a beneficiary did not opt out of Cal MediConnect, but instead disenrolled either by calling HCO or by enrolling in another Medicare product, would they become eligible for annual passive in Cal MediConnect?
 - No. Any beneficiary who has received a 90-day notice, meaning that they have already gone through a passive enrollment process for Cal MediConnect, is held out of any future Cal MediConnect passive process. This is a key beneficiary protection.
- DHCS just received focus group findings from UC that highlights inadequacies in the communication process during enrollment. How is this proposal responsive to those findings?
 - Additional tools have been developed to support beneficiaries and their providers and caregivers in the decision-making process. The Cal MediConnect Beneficiary Toolkit has been developed to support beneficiaries, their key supports, and options counselors in choosing the best option for the beneficiary, in addition to the formal notices and guidebooks. DHCS has also released the Cal MediConnect Physician Toolkit and other resources to aid providers. DHCS and CMS would work with HICAP to share these additional tools and information with beneficiaries seeking additional options counseling support.
 - One important finding from focus groups and interviews with beneficiaries that opted out of Cal MediConnect is the important role of providers, particularly primary care physicians, in advising beneficiaries on health care coverage. CMS and DHCS would also communicate timely information on this new enrollment and continuity of care in Cal MediConnect to providers directly by partnering with provider associations to communicate to membership, using Medi-Cal and Medicare bulletins and newsletters, and doing additional outreach to large provider organizations identified by the Cal MediConnect Ombudsman that have resisted continuity of care in the past.

- DHCS and CMS continued to refine and refresh the scripts used by Health Care Options and 1-800-Medicare through 2015 and are reviewing them again in preparation for new enrollment.
- Will beneficiaries be able to access options counseling and Ombudsman services? Are there new tools or resources available for beneficiaries and their families to support the decision-making process?
 - DHCS and CMS would work with HICAP to ensure options counselors and Ombudsman staff have the necessary information to support beneficiaries that are part of the passive enrollment process.
 - There are additional tools available for beneficiaries, families, and providers. The Cal MediConnect Beneficiary Toolkit has been developed to support beneficiaries and options counselors in choosing the best option for the beneficiary. DHCS has also released the Cal MediConnect Physician Toolkit to aid providers. Other resources, like the Cal MediConnectToons and the continuity of care fact sheets on the CalDuals.org website continue to be resources to support beneficiaries.
- Would HCO add more staffing capacity?
 - DHCS will ensure HCO has sufficient customer service representatives to support the necessary customer services levels and meet the needs of the CCI population. This includes passive enrollment and streamlined enrollment.
 - HCO would conduct training to prepare staff for any changes during this phase of passive enrollment.
 - DHCS will also work with HCO to update scripts and the FAQ used by customer service representatives to ensure HCO has complete and accurate information about passive and streamlined enrollment.
- How would DHCS and CMS ensure the health plans have appropriate care coordination staffing in place to handle a large influx of enrollment, including conducting HRA and care plans in a timely manner?
 - The Contract Management Teams, composed of CMS and DHCS staff, would work with the health plans receiving new passive enrollment to assess staffing capacity to ensure it is appropriate for the anticipated volume of new enrollees. The CMT would continue to receive regular reporting from the health plans to monitor that the staffing levels support timely completion of HRAs for high- and low-risk enrollees. The health plans are also more experienced using Medicare and Medi-Cal claims data to identify high-risk enrollees and support this transition than they were at the start of the demonstration, and many have developed new strategies for the challenges associated with missing or inaccurate contact information.
- What have DHCS and CMS done to avoid the problems that emerged in earlier phases of passive enrollment (e.g., the JIA “fix-it” list)? What new quality control steps would be in place?
 - Lessons learned, improvements, and corrections made during the passive enrollment waves in 2014 and 2015 have been integrated into DHCS processes and enrollment systems. DHCS will ensure it continues to utilize the enhanced protections to confirm eligibility for Cal MediConnect prior to mailing 90-day notices or submitting enrollment transactions to CMS. These protections included quality checks for population

groups such as Intermediate Care Facilities recipients, other health coverage, End Stage Renal Disease, certain Waiver programs, and voluntary zip codes. Additional oversight processes have been put in place to ensure mailings would be sent out timely and that ineligible beneficiaries would not be erroneously notified. CMS is exploring adding additional steps to check eligibility on the Medicare side and monitor for out of area enrollments prior to the passive enrollment becoming effective.

- What about the COHS counties? Would San Mateo be able to passively enroll beneficiaries? Will Orange continue to enroll beneficiaries on a monthly basis?
 - DHCS is in discussions with the Health Plan of San Mateo on whether the plan has the ability and capacity to conduct passive enrollment.
 - Cal Optima is still conducting the initial phase of passive enrollment and will not be considered for 2016. DHCS will explore passive enrollment with Cal Optima in 2017.
- Most California Cal MediConnect health plans have been steadily losing enrollment since July. Why aren't DHCS and CMS focused on improving health plan performance with the currently enrolled population instead of moving more beneficiaries into the health plans?
 - As in other states, DHCS and CMS are concurrently working with health plans to continuously improve enrollment retention and will continue that work going forward. A significant portion of the loss of enrollment is due to temporary loss of Medi-Cal eligibility, so DHCS, CMS, and the health plans partnered to implement deeming last fall and are exploring the feasibility of extending deeming periods.
 - DHCS and CMS are also collecting additional information on the types and timing of disenrollments, monitoring if the changes are due to anticipated mortality rates among this population, enrollment in another Medicare Advantage or Part D plan, loss of Medi-Cal eligibility, or a disenrollment processed by Health Care Options—all to gain more insight into changes in enrollment in Cal MediConnect. Depending on the findings, next steps may include sharing of best practices among Cal MediConnect health plans in California and nationally for retaining enrollment, developing Cal MediConnect-specific performance improvement plans with the Contract Management Teams, and additional surveillance of marketing activities conducted by other Medicare health plans in the Cal MediConnect service area.
- Providers have influenced enrollment decisions for many beneficiaries. How would DHCS and CMS handle provider communications differently with this proposal?
 - DHCS and CMS would communicate more directly with providers, particularly primary care providers and large provider organizations, earlier in the enrollment process. Since the passive enrollment in 2014 and early 2015, DHCS has deployed new tools to provide timely, targeted information to providers on Cal MediConnect, and these tools will be redistributed again this summer. DHCS and CMS would also communicate timely information on this new enrollment and continuity of care in Cal MediConnect to providers directly by partnering with provider associations to communicate to membership, utilizing Medi-Cal and Medicare bulletins and newsletters, and doing additional outreach to large provider organizations identified by the Cal MediConnect Ombudsman that have resisted continuity of care in the past.

Exploring Extending the Deeming Period for Beneficiaries in Cal MediConnect

In response to stakeholder feedback, DHCS worked with the Cal MediConnect health plans to establish a one-month deeming period for beneficiaries (in most counties, although San Mateo has already established a two-month deeming period). This one-month deeming period allows health plans to work with their beneficiaries and county to reestablish Medi-Cal eligibility before the beneficiary is disenrolled from the Cal MediConnect program. When beneficiaries are disenrolled, it can result in gaps in care and poorer health outcomes. While one-month of deeming has helped alleviate some of the “churn” that can be disruptive to beneficiary continuity of care, one month is not always sufficient to reestablish eligibility.

Dual eligible beneficiaries are likely to maintain their eligibility status and as such deeming is a good option for them with minimal risk to the State financially. Despite this, extending the deeming period is complicated at the county level. As such, DHCS and its sister departments seek to explore whether a longer deeming period is feasible. If and where feasible, Cal MediConnect health plans will be asked to commit to extending their deeming period beyond the one-month period.

DHCS welcomes any stakeholder comment on this item.