

April 20, 2016

Sarah Brooks, Deputy Director, Health Care Delivery Systems  
Department of Health Care Services  
Sacramento, California 95812  
Via email: Sarah.Brooks@dhcs.ca.gov

Dear Ms. Brooks,

I am writing to share my concerns and those of our HICAP organization regarding the timing and current lack of financial resources to adequately support the proposal to reenact the practice of Dual Eligible passive enrollment into the Cal MediConnect Medicare-Medicaid plans, effective for the months of September and October 2016.

We have been actively engaged in the CCI stakeholder process and support the goals of the project to improve service delivery to our Dual Eligible populations. We recognize the need for ongoing enrollment to maintain sustainability of the program and are committed to working with the Department of Health Care Services (DHCS), the Center for Medicare & Medicaid Services (CMS), health plans and community stakeholders on ensuring the program's viability. However, we are significantly concerned regarding the timing of the enrollment period (September and October 2016).

The months of September and October are the peak of annual COA-HICAP services leading up to the Medicare Annual Election Period. In this period, we engage the community through Medicare annual enrollment presentations and many additional community events. From October 15 – December 7, program resources are completely dedicated to AEP enrollment assistance. The CCI passive enrollment and Medicare open enrollment periods both demand a high proportion of time and planning devoted to each client's specific needs. In the proposed DHCS enrollment strategy, there are simply not enough resources to provide the necessary quality of service to meet the substantial needs of each of our Dual Eligible and Medicare populations.

During fiscal year 2014 through 2015 COA-HICAP of Riverside and San Bernardino Counties potential passive enrollment total was 101,000 clients, which averaged 4,200 clients per month. We are now being asked to potentially assist 23,400 in a two-month time period. This is three times as much as September and October 2016. This is a significantly compressed enrollment without any additional funding to support our work, coupled with it occurring during two of our highest activity months of the year.

The DHCS proposal to passively enroll over 23,400 beneficiaries in the counties of Riverside and San Bernardino in a two-month period creates an influx of enrollees that is staggering. We lack the capacity to meet the needs of the affected beneficiaries in light of this expedited timeline. Moreover, 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.

In addition, 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. This would thus improve the sought retention.

We strongly recommend implementing enrollment strategies that are simple and honor beneficiary choice to the greatest extent possible. Our observation, in the counties of Riverside and San Bernardino, is that passive enrollment and the lack of preparation significantly impairs the reputation and trust in the Cal MediConnect / MLTSS providers for our Dual Eligible community.

We stand ready to work with DHCS and CMS to implement any recommended changes or procedures that would fully protect beneficiaries and provide us with the funding necessary to appropriately perform this important work.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Wright Jenkins". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

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