

4/7/16 CCI Stakeholder Webinar Attendee Questions & Comments

Program Improvements

- Are there any quality improvement actions that can be pursued with underperforming health plans in a CCI county?
- MSSP, IHSS and CBAS are not the only HCBS available. How are the plans identifying consumers who could qualify and benefits from the NF/AH and other waivers, including the assisted living waiver?
- Do we currently know how many Cal MediConnect beneficiaries get extended Continuity of Care beyond the current 6-month period?

Direct Provider Outreach

- How is DHCS determining who the providers will be for the outreach and education?
- How many providers is the goal and over what period of time?
- Please provide more information on "targeted provider outreach." Will the state specifically be reaching to providers with high patient opt-outs as identified in the analysis? If so, what type of outreach (town hall invitation, educational calls/materials, etc.)?
- Please confirm that data analysis for providers will be county specific. If it is done for all Cal MediConnect counties together, LA dominates. Santa Clara County would very much like to have this information!
- For many providers that influenced higher-than-average opt out rates, their interests were not always aligned with what is best for beneficiaries. For those who run high-volume practices (and prefer FFS reimbursement) and steer beneficiaries for financial gain, will the state or CMS do anything to enforce Medicare marketing rules which forbid providers from steering enrollment while in care settings?
- Can plans find out if those providers targeted are within our networks so we can assist and flag/monitor?
- Regarding the data used to identify providers who seem to be associated with a disproportionately high number of enrollee opt-outs: Will that outreach and education be directed to the provider or the enrollees? or both? Are there any steps DHCS would take with these providers?
- Important to leave them with education on balance billing!

Best Practices Meetings

- Omitting consumers and consumer advocates from discussions of best practices does not enhance the goal of transparency.

Annual Passive Enrollment

- Can you clarify how the proposed annual passive enrollment is different than current practice?

- Will PACE (Program of All-Inclusive Care for the Elderly) programs be an option on the application?¹
- For the 2016 passive enrollment process, will the same enrollment materials (Choice Book, Guide Book, Forms) be used, or will they be revised?
- Does DHCS have an estimate of the number of beneficiaries who would be subject to annual passive enrollment?
- How many eligibles will be included in the 2016 passive enrollment (by county)?²
- How will the duals who chose to be enrolled in a Medicare Advantage Plan be excluded from passive enrollment?
- How will the MLTSS to CMC crosswalk account for subcontractor plans?
- What will happen to duals who became eligible in 2014? Will they stay in FFS?
- I understand that DHCS looked to other states enrollment models, but what was not clear if DHCS evaluated whether or not the voluntary enrollment approaches in other states enrollment rates were better or worse than California's original experience with passive enrollment.
- If a member in a manage care plan such like Easy Choice, would they be part of the passive enrollment?
- If somebody had and lost Medi-Cal and then got it back, would they be considered a new Medi/Medi and subject to passive enrollment again?³
- What are some lessons learned in 2014 that will be implemented in the proposed passive enrollment?
- Lessoned learned input: 1. Notify members of their enrollment and the passive enrollment process 2. Notify members of their assigned PCPs.
- One of the lessons learned from passive was that the state did not have very good data in terms of beneficiary contact information and that the provider utilization data used to match beneficiaries to plans was not very robust. How will these be addressed in the proposed second round of passive enrollment?
- What proportion of eligible duals enrolled in CMC would make the program sustainable? Would passive enrollment be a fixture for duals beyond 2017 or would it be throttled back depending upon the enrollment target?
- Why Annual Passive Enrollment into a HMO? We can call it MediConnect but it is not an election of HMO?
- Will different notices go to the two populations? Because they have different choices.
- Will passive enrollment launch in all CCI counties? At once?⁴
- Will the opt out processes remain similar to previous passive processes?
- How will duals in MA plans be impacted by the 2016 passive enrollment process?
- How will the new passive enrollment process interact with the Part D passive enrollment process.

¹ Several stakeholders posed this question.

² Several stakeholders posed this question.

³ Several stakeholders posed this question.

⁴ Several stakeholders posed this question.

- Can you provide some details about the lessons learned from the prior passive enrollment period that has influenced this proposal? The 90-day notice structure seems the same.
- If beneficiaries are cross-walked, how will it affect their Part D plan?
- Will this affect anyone who has Medicare and Medi-Cal? For example, beneficiaries that are minors but have some sort of disability?
- Systems problems early in the first round of passive enrollment resulted in ineligible populations received notices. One large population that should be excluded in this second round will be those who are passively enrolled in a Part D plan after becoming Medicare eligible. How would the systems flag this population so that they are not incorrectly subject to passive enrollment?
- Is passive enrollment legal?
- If this is scheduled to happen in September, notices will need to start in June. There was significant outreach and education about passive enrollment - and evaluations have proven that there still wasn't enough. Beneficiaries reported repeatedly how confusing the process was. Now DHCS plans to start a new wave of passive with a population that is not readily identifiable with only a couple months of time to inform the community.
- How many newly eligible benes will be passively enrolled in 2016?
- Will passive enrollment happen in all CCI counties?
- Timing/schedule: So would the first letters go out this June in Santa Clara County? Will Orange County begin the new passive enrollment process this year?
- Also, it says targeted and intensive outreach and education prior to and during... if notices start at the end of May and passive enrollment starting in Sept, can you outline the timeline for the intensive outreach will occur?
- Sorry, if I missed this, but will the newly duals from 2015 (ie post-passive enrollment) be involved in passive enrollment in 9/16 and 10/16?
- Early evaluation shows that consumers are less pleased and more likely to leave if they were enrolled passively, yet this proposal is to do much more passive enrollment. This raises the question of whether the goal is enrollment or retention.
- Please clarify: is it either streamlined enrollment or passive enrollment or are both being proposed for different populations?
- Would there be 90/60/30 day notices to people who would be passively enrolled? If yes, would HICAP contact info be on notices?
- While we recognize that the governor's budget states that the CCI needs increased enrollment, there isn't a figure or number that the Governor or anyone else has indicated is sufficient enrollment in the program. These seem like aggressive and confusing enrollment proposals aimed at getting large numbers. Is there a figure the state is aiming for? Otherwise, it seems far better to adopt enrollment strategies that are simpler and based on voluntary choice and focus on improving the program to increase enrollment and retention.
- Are there any estimates on numbers by county for these proposals?

- It seems the percentage of Cal MediConnect enrollment goes down. It seems it may not be enough to evaluate the success. I think you need to more authorization to push to dual eligibles to join. Do you have any plan?
- Can you estimate number of members receiving notice for first wave, covering 2014 and 2015?

Mandatory MLTSS Enrollment

- How would the education for each member be done?
- Will new CMC and MLTSS guidebooks be ready for May 1st or will they be rolled out after May 1st, upon being ready?

Streamlined Enrollment

- For patients who decide to have a different Medi-Cal plan and MAPD plan would the Medi-Cal plan still able to contact them?
- Slide 22: Assuming all communications will be in-languages?
- When new prospects are calling interested in enrolling to Cal MediConnect, can the phone representative at the health plan explain the program and enroll them? If so, do they need a license to enroll over the phone?
- Will those Medi-Cal members who become duals in 2014 or 15 and therefore are slated for passive enrollment also be subject to direct enrollment approaches by their Medi-Cal plan? How will they know what is going on? If they choose a plan through a direct enrollment approach, will they then also be subject to passive enrollment?
- The health plan who offer CMC are now able to assist with the enrollment process? Is this correct?
- With regard to streamlined enrollment, how does this give potential CMC enrollees the space and time to consider the plan chance and their options that interaction with the enrollment broker is supposed to give them?
- Why is streamlined enrollment necessary when CMC plans already have the ability to do outbound calls to the duals in their Medi-Cal plans who opted out of CMC? The streamlined enrollment policy proposal does not allow for more one-on-one conversations with beneficiaries because those are already happening.
- No advocacy group has reported ANY calls from consumers saying they were unable to enroll, so assuming that consumers were prevented from making that choice is not supported by any facts. They didn't enroll because they didn't want to. It's the kind of choice all of us get and these consumers deserve.
- If a dual opts out of passive enrollment, he can be subject to streamlined enrollment later b/c he would be in an MLTSS product?
- Will HICAP help with the streamlined enrollment?
- There are some very large plan mergers potentially in CA's future. How can dual beneficiaries avoid being contacted by marketing representatives from the same major plan, but speaking for different plan products, including CMC and Medicare plans?
- If a dual is passively enrolled and later dis-enrolled, can the plan contact the dual for streamlined enrollment?

Deeming

- Health Plan of San Mateo already has a 2-month deeming period. Is there any consideration for having an option to expand beyond two months?

General CCI Questions

- Do you have participant data on 21 regional centers?
- What data do you have available that demonstrates the program is "working"? Reduced admissions/readmissions? Med adherence? Increased patient engagement (i.e. seeing PCP with regularity?) Any data you can share?
 - We have been asking for information on whether consumers are receiving the health care options. We have yet to receive any data.... why is that?
 - I'm also interested in validation of the program effectiveness given the fact that most CMC programs continue to experience an opt out rate of 50% or higher?
 - When will you be in a position to share outcome data from the past enrollments?
- Will the state extend the evaluation period for Cal MediConnect past year 3 (2017)? The letter of interest DHCS submitted to CMS on this was not solid in its position.
- Doctors not in the service how is the enrollment going for them and their clients
- Are dual beneficiaries on CBAS not eligible for Cal-MediConnect?

Other Input

- A recommendation rather than a question: Please include an English version of the material in all enrollment packets so that English speaking companions are also able to help in the case the beneficiary is not able to read or understand the contents.
- The turnaround for stakeholder input (2 weeks from tomorrow) seems VERY short, is there any opportunity to extend it so there's time to read the whitepapers and be as thoughtful as possible on comments?
- Isn't stable retention a critical back-end component of stable enrollment? Why can't plans actively focus on improving retention concerns that have been voiced by beneficiaries and advocates, while avoiding "streamlined" enrollment and passive enrollment strategies that have been established as leading to high opt-out rates after the fact, and will leave beneficiaries with diminished COC protections (e.g., because they won't continue to follow a beneficiary after they leave a 2nd CMC plan or try to return)
- Have Kaiser patients been told they can stay in their plan?