

Page	Section Title	Existing Text	Comment, Question or Suggested Edit
Coordinated Care Initiative Program Improvements			
2	1b Standardizing HRA LTSS Referral Questions	Standard HRA LTSS referral questions will be created and required of health plans resulting in an improved beneficiary experience and increased referrals to LTSS programs.	Under the Health Homes proposal, an assessment will be required. DHCS has indicated that to the extent plan's standard HRA includes Health Home applicable questions, a separate Health Home assessment will not be required. If DHCS plans on developing Health Homes specific questions, please consider releasing the requirements at the same time so plans may consider updating for both programs at the same time.
3	2 Sharing Best Practices/Lessons Learned	No, we believe that keeping the meetings limited to staff from the health plans, DHCS, and CMS will be most conducive to this process	We support DHCS position.
4	4 Use Opt Out Data to Target Provider Education	DHCS will share this data analysis with the Cal MediConnect health plans	We support DHCS sharing this analysis with the plans.
Ensuring Sustainable Coordinated Care Initiative Enrollment			
4	Beneficiary Protections – Annual Passive Enrollment to CMC	DHCS is proposing an annual two-month passive enrollment process	Consider allowing COHS (and possibly other counties, if all plans agree) the option to select one or two month approach.
9	Exploring Extending the Deeming Period of CMC/	, Cal MediConnect health plans will be asked to commit to extending their deeming period beyond the one-month period.	Please clarify that while plans will continue to have the option to determine whether to offer deeming and for how many months (up to the maximum)
Coordinated Care Initiative Enrollment Strategies – April 2016/Population Enrollment Chart			
1	Duals New to Medical, Medicare and Moving into CCI Counties Annual CMC Passive Enrollment	Duals previously receiving 90 day notice in 2014 & 2015	Recommend inclusion of consumers who received the 90 day notice, but were later determined ineligible prior to opting out.

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1	LIS/Footnote	LIS reassignees will be assessed every year and if the number is sufficient, they will be passively enrolled into Cal MediConnect in January	Request inclusion of LIS annually (at least for COHS, which process enrollments directly)