



CalPACE Comments on 2016 Coordinated Care Initiative Program Improvement, Sustainable Enrollment, and Enrollment Streamlining Proposals

Coordinated Care Initiative Program Improvements

1. Strengthening Care Coordination and Access to Long-Term Services and Supports

1.b. Standardize Health Risk Assessment Referral Questions

Comment: We recommend that DHCS develop, in conjunction with PACE organizations and health plans, a standard list of questions to identify beneficiaries who can potentially benefit from and be better served by enrolling in PACE and that plans be encouraged to utilize these questions. We also recommend that DHCS provide guidance to health plans that they may refer beneficiaries to PACE and provide them with the PACE – health plan referral flyer that CalPACE has developed.

Ensuring Sustainable Coordinated Care Initiative Enrollment

Annual Passive Enrollment into Cal MediConnect and Mandatory Enrollment into MLTSS

Comments: We strongly recommend that any new enrollment materials, including the new Cal MediConnect and MLTSS guidebook, choice book, and choice forms go through stakeholder review.

We recommend that, consistent with the policy for the initial passive and mandatory enrollment, current PACE participants be excluded from receiving any letters or enrollment materials related to the new enrollment proposals. We also recommend that quality checks to confirm eligibility for Cal MediConnect prior to mailing notices include careful checks for current enrollment in PACE. We have had numerous instances in which current PACE participants have received CCI enrollment materials, causing great confusion for these beneficiaries.

We recommend that no beneficiaries be “cross-walked” from their Medi-Cal or D-SNP plan to a corresponding Cal MediConnect plan or automatically enrolled in a Cal MediConnect plan, including those already in a Medi-Cal or D-SNP plan or those who subsequently enroll during the first year of the enrollment reforms. The decision to enroll in a comprehensive plan that combines Medicare and Medi-

Cal services should be based on the beneficiaries' choice of how they wish to receive the combined services, with passive enrollment used if they do not make an active choice. These beneficiaries should have a choice of whether to enroll in a corresponding Cal MediConnect plan, a different Cal MediConnect plan or PACE; the state should not assume that the corresponding Cal MediConnect plan is the appropriate choice for them.

We strongly recommend that any revised toolkit materials do a better job of representing PACE as enrollment option, consistent with the direction in the CCI authorizing legislation that PACE be included in all enrollment and outreach materials.

We also recommend that PACE organizations be invited to participate in CCI outreach events, both ongoing and those related to the new enrollment proposals.

Given the unfamiliarity with PACE by HCO and HICAP staff we recommend that PACE organizations be given an opportunity to train HCO and HICAP staff on what PACE provides and how it differs from what Cal MediConnect and Medi-Cal plans provide.

We concur with concerns expressed by other groups that the timetable for the proposed passive and mandatory enrollment processes is unrealistic. Given that the target population for these processes is over 100,000 beneficiaries we concur that a much longer phase-in will be needed. While it is worthwhile to avoid overlap with the Medicare open enrollment periods, the solution should not be to rush the Cal MediConnect passive and enrollment timetable.

We appreciate that the department is proposing to include PACE in the enrollment notices, guidebook and choice forms consistent with the earlier passive and mandatory enrollment processes. We would appreciate clarification from the department on whether the process for referring beneficiaries to PACE will be the same as that used in the earlier passive and mandatory enrollment processes, and confirmation that the problems that sidetracked notifications of PACE during the earlier experience have been rectified.

While PACE has been included in the enrollment notices, guidebook and choice forms for Cal MediConnect it has not similarly been included in the MLTSS notices, guidebook and choice forms for partial duals and Medi-Cal only beneficiaries, despite the fact that PACE offers another choice for how beneficiaries receive LTSS. We would strongly encourage DHCS to broaden the choices for these beneficiaries by including PACE in these materials, consistent with the policy under Cal MediConnect. We also would urge DHCS to conduct quality checks to ensure that beneficiaries receiving these notices and materials are not already enrolled in PACE or are not in other excluded groups.

Streamlining the Cal MediConnect Voluntary Enrollment Experience

Comment: By allowing health plans to collect information from beneficiaries and directly submit enrollment requests to HCO, we see great potential for beneficiaries being enrolled in Cal MediConnect plans who have not affirmatively made that choice. We think it is unrealistic to think that follow-up calls

from HCO to beneficiaries or follow-up mailings will succeed in reaching many beneficiaries or result in confirmation of their choices. While the choice can be changed, in many cases it will not be until beneficiaries experience disruptions in care and other adverse impacts. We find it particularly troubling that if HCO is unable to confirm the beneficiaries' choice or if a follow-up letter is returned due to an inaccurate address they would be enrolled anyway. We strongly recommend that the state not go forward with the streamlining proposals; if the state does go forward, we would strongly recommend that only beneficiaries for whom the state has affirmatively confirmed their choice be enrolled using this mechanism.

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