



April 22, 2016

Dear DHCS,

Thank you for the opportunity to provide feedback on DHCS's recent proposal regarding the Coordinated Care Initiative (CCI). Central Health Plan of California is a Medicare Advantage plan serving more than 32,000 members (including over 13,000 dual eligible members) in Los Angeles, San Bernardino, and Orange Counties. Over 80% of our members primarily speak a non-English language, and we have been proud to serve the diverse communities in our service area for the past ten years by providing low cost, quality healthcare in a culturally sensitive manner.

Our feedback is primarily concerning the proposal titled "Ensuring Sustainable Coordinated Care Initiative Enrollment", which outlines DHCS's intention to continue with passive enrollment in 2016 and 2017. We do not believe that passive enrollment is in the best interest of beneficiaries, and we recommend that DHCS focus instead on promoting voluntary enrollment by beneficiaries who proactively choose Cal MediConnect, for the following reasons:

1. **Passive enrollment causes confusion and disrupts care.** Although we appreciate that DHCS has made great efforts to improve the language and content of beneficiary notices, DHCS and Cal MediConnect plans have repeatedly acknowledged that beneficiary contact information is often incomplete and inaccurate, and that HCO and CMC plans have had difficulty reaching members. As a result, not all beneficiaries receive critical communication about their choices, and passive enrollment limits their access to providers without their knowledge or consent. CCI's continuity of care provisions are only helpful as a temporary solution for providers that are willing to cooperate with health plans. We encourage DHCS to truly ensure seamless continuity by promoting voluntary enrollment with beneficiaries whose providers already participate in CMC, and by confirming a beneficiary's understanding and intention to enroll before effectuating changes to their healthcare delivery system.
2. **Cal MediConnect plans do not meet the needs of all dual beneficiaries.** Passive enrollment relies on the premise that "defaulting" beneficiaries into Cal MediConnect is the best choice for all beneficiaries, despite the high opt out rates in Los Angeles County and evidence that beneficiaries make healthcare decisions based on a wide variety of personal factors including provider network, plan benefits, and drug formularies. Since the start of CCI, tens of thousands of duals in Los Angeles County have chosen to join non-CMC Medicare Advantage plans, including plans offered by the same parent organizations that operate CMC plans. We believe this reflects the diversity of beneficiaries' priorities and underlines the fact that many beneficiaries may need specific benefits (e.g., acupuncture coverage, high vision allowance, \$0 generic drugs, etc) that are not offered by Cal MediConnect plans. DHCS should acknowledge and respect these beneficiary choices by offering neutral, objective information to beneficiaries about their options and allowing them to make informed, voluntary decisions instead of assuming that Cal MediConnect should be the default decision for all individuals.



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Despite our objections to passive enrollment, if DHCS chooses to proceed we recommend that 2016 implementation be delayed until 2017, and we recommend that 2017 implementation occur between March and July. The current proposal aims to complete 2016 enrollment in September/October, which will overlap with the timing of new benefits announced in September (when members receive Annual Notices of Change for the following year) and open enrollment advertising, which starts October 1. Ideally passive enrollment should be scheduled to conclude at least two months prior to the start of open enrollment to avoid unnecessary churn and confusion. We also note that in 2015, DHCS did not allow beneficiaries to opt out until they had received the 90 day notice, which created anxiety for beneficiaries that wanted to opt out sooner to avoid disruption. We recommend that DHCS make the necessary system or process changes to allow beneficiaries to proactively opt out prior to receiving a notice.

We also respectfully request additional information regarding the proposal titled “Streamlining the Cal MediConnect Voluntary Enrollment Experience”. We understand that DHCS intends to allow CMC plans to directly enroll members who are already enrolled in their “matching” Medi-Cal plan, however the proposal does not specify whether this would include or exclude members who are concurrently enrolled in a “non-matching” Medicare Advantage plan. We would adamantly oppose any efforts by CMC plans to actively convert members that have already made a proactive choice to enroll in a competing Medicare Advantage plan. Any such policy would seriously undermine the interests of non-matching Medicare Advantage and Medi-Cal plans in working collaboratively to coordinate care of mutual members. If this is DHCS’s intention, we request this clarification be posted publicly with a separate comment period so that our plan can engage in additional discussion about the types of scripts or other communication that CMC plans would utilize.

Thank you for taking the time to review and consider our comments. We welcome the opportunity to speak directly with DHCS for additional discussion. Please feel free to reach me at lsuyenaga@centralhealthplan.com or 626-388-2390 ext. 2889.

Regards,

Lee Suyenaga

A handwritten signature in black ink, appearing to read 'L. Suyenaga'.

Chief Executive Officer
Central Health Plan of California