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California Dual Eligibles Demonstration Beneficiary Enrollment and Notification Work Group

Session 1: Thursday, April 12, 2012

Introduction Meeting

This session was the first of six meetings that will explore the process for enrolling individuals who are dually eligible for Medi-Cal and Medicare into demonstration plans in Los Angeles, Orange, San Diego, and San Mateo counties starting in January 2013. The purpose for this first meeting was to discuss the goals and deliverables for this work group and to address questions work group members had regarding the duals demonstration. The speakers for this session included:

- **Dan McCord**, Chief, Health Care Options, Department of Health Care Services and Work Group Co-Chair
- **Kevin Prindiville**, Deputy Director, National Senior Citizens Law Center and Work Group Co-Chair
- **Anne Cohen**, Associate Director of Disability Access, Harbage Consulting, Work Group Staff Lead
- **Margaret Tatar**, Chief, Medi-Cal Managed Care Division, Department of Health Care Services

Section 1: Work Group Process

Margaret Tatar described the overall work group process and how this work group has a wide and important goal — making sure beneficiaries are provided with information that will allow them to make an informed choice and that they have the consumer protections needed. She further described the importance of stakeholder feedback to ensure the creation of a single unified enrollment process and the creation of an appeals process that ensures that consumer protections are maintained and the system is easier to navigate.

This work group process is part of a larger stakeholder process that started fall 2011, with stakeholder meetings across the state. Feedback provided in these work groups will help California develop the proposal it will submit to the Centers for Medicaid and Medicare Services (CMS) and the drafting of the Memorandum of Understanding between the State, Plans and the Federal government.

Section 2: Work Group Goals and Deliverables

Leads: Dan McCord, Chief, Health Care Options, DHCS
Kevin Prindiville, Deputy Director, National Senior Citizens Law Center

Dan McCord outlined the goals and deliverables for the work group, primarily focused on two areas: 1) the enrollment process and 2) the grievance and appeals process.

Enrollment Process and Materials have three main deliverables:

1. Recommendations on creating an enrollment process that will allow beneficiaries to make an informed choice.
2. Recommendations on information provided to beneficiaries including assistance in drafting notices and best practices for outreach.
3. Recommendations for providing disability accommodations for written materials, phone and in person communication to beneficiaries.

Grievances and appeals procedures has three main deliverables:

1. Identify the essential beneficiary protections in Medi-Cal and Medicare.
2. Identify barriers to integration in policy, rule or law.
3. Make recommendations for resolving those barriers.
4. Recommendations on developing a consumer friendly guide for the appeals and grievance process.

McCord explained that the information provided in this group will not only help guide DHCS's conversations with CMS but will also help DHCS internal planning. He further acknowledged that DHCS has received feedback from several individuals that the department needs to improve our process for providing disability accommodations. Including the provision of alternative formats.

Kevin Prindiville, Deputy Director, National Senior Citizens Law Center was introduced as DHCS's external partner in running the work group. Prindiville

talked about his involvement in the group and his role in supporting the development of the work group process. He expressed that he recognizes and respects that there is disagreement on policy issues among work group members and that final policy decisions on many issues have not yet been made. Differences in opinion will be reflected in final documents prepared by the work group. The focus of the work group will be on developing processes for implementation that include strong protections regardless of the policy ultimately adopted. Prindiville identified two areas of particular importance for this work group, including how to ensure that:

1. Choice counseling that occurs one-on-one with beneficiaries is effective.
2. Continuity of care is maintained.

Prindiville expressed concerns regarding the rapid timeline for implementation and how the timeline for implementation will make it difficult to conduct a process that takes into account and improves upon the transition of Seniors and People with Disabilities (SPDs) into Medi-Cal managed care.

Discussion of issues raised by work group members

The comments made by work group members will be used to develop agenda items for the work group and to guide the implementation of the enrollment process. The suggestions from work group members will be used to develop a final document outlining recommendations for the enrollment process and development of the state process for appeals and grievances. The issues raised can be broadly categorized as:

1. **State Models:** The suggestion was made for the work groups overall to look at other states for models of integrating care and improving coordination. Louisiana was mentioned as a potential model.
2. **Plan Oversight:** Work group member inquired who is going to be the one who oversees and reviews each county as they implement the duals demonstrations.
3. **Appeals and Grievances:** Questions were raised regarding the appeals and grievance area for the work group. Work group member made suggestion that timely access to care determinations need to be included, with particular focus on process for timely resolution. Work group members asked if the appeals and grievance process includes outlining the hearing process. Work group member raised concern that Medicare fee-for-service doesn't have a prior authorization process and Medi-Cal managed care does.

4. **PACE Enrollment:** Work group member raised concerns regarding PACE being an enrollment option.
5. **D-SNP Enrollment:** Work group member raised concern regarding how the enrollment process will be coordinated with existing D-SNP plans.
6. **Veteran's Enrollment:** Work group member expressed concern regarding how veterans will be impacted and what their options are regarding enrolling in the Duals demonstration. The meeting facilitator, Anne Cohen confirmed that a meeting will be devoted to the enrollment process including discussion coordinating with existing systems and discussion on information including and processes for communicating plan options to beneficiaries.

Section 3: Review Federal Planning Chart

Lead: Anne Cohen, Associate Director of Disability Access, Harbage Consulting

Anne Cohen explained that the federal government has articulated a position on the enrollment process, including beneficiary informing notices and appeals, through a document called the "Comparison of Existing Managed Care Plan Requirements and Preferred Requirement Standards for Financial Alignment Demonstration Plan," or "the matrix." This document, released by the Centers for Medicare and Medicaid Services, was posted at CalDuals.org, including an accessible format.

Cohen explained the purpose of this chart is designed to be a working document that will help guide the state's conversations with CMS. This work group will help develop the state specific standard that will be proposed to CMS. She went on to explain for anything we propose to CMS the goal is to create a single unified process that will reconcile the two current Medi-Cal and Medicare enrollment process, notifications and appeals procedures. Ultimately the goal is to create an easier and more seamless process for beneficiary, providers, and plans.

Acknowledging concerns regarding how much DHCS has room to negotiate with CMS, she indicated CMS is open to working together. The enrollment process would be managed the state's enrollment broker, MAXIMUS. Cohen went on to explain that DHCS will draft the enrollment informing notices that would be mailed to beneficiaries, to be reviewed by stakeholders and CMS.

Questions Raised Regarding CMS Guidance Document

Work group members expressed:

1. Concerns on how the health plans would be evaluated and what will be the process through which a beneficiary is defaulted into a plan if one is not chosen.
2. Asked if a medical exemption process would occur for the duals demonstration since the enrollment process is designed to be opt-out.
3. Concerns regarding access to medically necessary transportation if someone is enrolled in a duals demonstration plan.

Section 4: Review of the Enrollment Process for Medi-Cal only Seniors and Persons with Disabilities (SPDs)

Lead: Dan McCord, Chief, Health Care Options, DHCS

McCord acknowledged many lessons could be learned from the enrollment and notification process for the transition of Seniors and People with Disabilities (SPDs) into Medi-Cal managed care. McCord outlined broad categories of lessons learned and stated DHCS intends to engage a focused conversation around how the enrollment process can support maintaining continuity of care. McCord asked about seven areas:

1. **Continuity of Care.** McCord acknowledged that making sure seniors and people with disabilities have access to the providers they prefer is a critical in order to ensure continuity of care. DHCS recognizes that there were unfortunate instances where continuity was undermined during the SPD process. DHCS acknowledges they have room to improve.

Work group member also suggested examining (1) why the default rate was so high for the SPD population and (2) why so many SPD enrollees changed plans within the first month. This may be evidence of problems with a lack of continuity of care. In order to ensure continuity of care work group member expressed beneficiaries need to have more time before default enrollment (at least 60-90 days).

2. **Provider Outreach.** A critical part of continuity of care is to ensure better outreach with providers. This will be a critical focus prior to the start of the demonstration and during implementation. McCord asked the group broadly a series of questions about how can providers be better informed to understand the changes and thus help guide their patients.

Work group members acknowledged that enhanced beneficiary outreach and education processes for beneficiaries and providers are needed.

3. **Beneficiary Education.** McCord asked how beneficiary education could be enhanced to prevent repeated high rates of auto-assignment. Suggested approaches included:
 - Effort focused on training IHSS county workers, IHSS providers, and public guardians.
 - Develop community organization approach that is funded.
 - A broader communication strategy, including developing a media campaign to include focus-tested radio ads, TV commercials.

4. **Ensure access to enrollment process for everyone.** Notices need to be easy to understand and in multiple languages. Work group members raised concerns regarding an enrollment process that is:
 - Culturally and linguistically appropriate.
 - Able to reach remote areas and that have limited internet access
 - Able to reach those in institutions
 - Meaningful for individuals that may have communication difficulties such as those with visual and hearing disabilities.
 - One work group member specifically expressed challenges encountered in getting forms process and risk of losing benefits.

5. **Medical Exemption Review.** The Medical Exemption Review process reflects the needs for greater education of beneficiaries and providers to ensure that the demonstration guarantees continuity of care. DHCS through this work group we hope to get recommendations to improve these areas moving forward.

Work group members expressed concerns on how the medical exemption process occurred for the enrollment of seniors and people with disabilities into Medi-cal managed care including:

- No grievance process regarding the medical exemptions.
- No clear guidance on how to file the medical exemptions.
- Health care options call center staff did not provide consistent or helpful information regarding medical exemptions
- No information was provided to inform people of the status of the medical exemption

6. **Data Sharing.** How can beneficiary specific claims data be made available to the plan with sufficient time before enrollment to facilitate continuity of care? McCord indicated the plans had challenges obtaining timely patient data to complete assessments and transmit them to providers. DHCS is working to identify strategies to release data as early as possible to develop better processes and protocols for timely and accurate data sharing with health plans and providers. DHCS has another work group focused on data that will be exploring these issues.

7. **Health Assessments.** How can the assessment process be implemented more consistently across plans and that a process exists to ensure the primary care physicians receive that information in a timely way? Several individuals expressed that providers are the key point of contact for many beneficiaries and the single biggest source of guidance health plan enrollment.

Meeting ended at 4:00