



Population Health Management and Annual Enrollment Workgroup 01.07.2020 Meeting Summary

The Department of Health Care Services (DHCS) held the third of four Medi-Cal Healthier California for All Population Health Management and Annual Enrollment workgroup meetings on Tuesday, January 7.

The meeting was attended by DHCS staff, [workgroup members](#), and members of the public. Jennifer Ryan from Harbage Consulting facilitated the meeting and Michelle Retke was the lead presenter for DHCS.

This meeting focused on DHCS' proposal to move to Annual Managed Care Plan Open Enrollment. A full agenda can be found [here](#).

Discussion Summary

The meeting began with DHCS discussing the key goals of the annual enrollment proposal and sharing data demonstrating the number of transactions related to beneficiaries electing to switch plans (note: the number of transactions does not equate to the number of beneficiaries changing plans; beneficiaries may have multiple transactions). The presentation resulted in a robust conversation that included requests for more detailed beneficiary and population specific data, questions as to whether moving to annual health plan open enrollment is the appropriate policy solution for Medi-Cal beneficiaries. Ultimately, DHCS agreed to reevaluate the proposal based on workgroup feedback and will update the workgroup at the February 11, 2020 meeting. The presentation slides can be found [here](#), and a summary of the comments submitted can be found below:

- Data on the Number of Beneficiaries Changing Managed Care Plans: Workgroup members requested data from DHCS demonstrating the frequency at which beneficiaries change Medi-Cal managed care plans. DHCS presented the most comprehensive data available that quantified the number of health plan transactions that occur each year. While this data included activities other than beneficiary plan changes, it provided some sense of the frequency. Workgroup members suggested that with the data demonstrated there are not a significant enough number of beneficiaries switching plans to warrant a change in the state's policy. A few workgroup members noted that beneficiaries switching plans are also distributed unevenly and disproportionately impact counties with more than one commercial plan over counties with local initiatives. Workgroup members requested more population specific data and data broken down by county.
- Medicaid Managed Care Annual Open Enrollment Policies in other States: DHCS presented data demonstrating that 36 out of 41 states with a significant Medicaid managed care population use an annual open enrollment period. Workgroup



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members acknowledged this, but noted that the size and structure of California's population merits different consideration. Workgroup members also asked for more information on whether annual open enrollment has led to improved outcomes for beneficiaries in other states, specifically, whether performance on HEDIS measures has improved.

While the state does not have access to this data currently, DHCS offered to continue its analysis of the considerations around this proposal.

- **Exception Process:** DHCS also presented its proposed process for developing a consumer-friendly list of exceptions that would allow beneficiaries to switch plans outside of the annual open enrollment period. The presentation met with a mixed reaction. While workgroup members noted that they appreciated the state's commitment to consumer-friendly exceptions, they also raised the concern that a long list of exceptions without a validation process would defeat the purpose and compromise the integrity of the process.
- **General Discussion:** In general, workgroup members were hesitant to support the proposal amidst concerns about causing beneficiary confusion between the annual health plan open enrollment period and the need to renew Medi-Cal eligibility each year. Members were concerned that the change could be unduly burdensome for beneficiaries and may not contribute to improvements in beneficiary outcomes. Workgroup members generally agreed that the state should focus on improving the Medi-Cal eligibility system rather than on moving to an annual open enrollment policy. The group uniformly agreed that the eligibility and enrollment system challenges in California have a far greater impact on the Medi-Cal population than disruptions in care that may be caused by switching health plans.

Next Steps for DHCS: DHCS will consider the workgroup's comments and recommendations and provide and update at the February 11, 2020 meeting.