Disability Rights California

Disability Rights Education & Defense Fund DREDF

NHeLP NATIONAL HEALTH LAW PROGRAM

NSCLC National Senior Citizens Law Center

October 18, 2013

Department of Healthcare Services
Delivered via email to: info@calduals.org

Re: Comments on Cal MediConnect Enrollment Materials

Thank you for the opportunity to comment on the Cal MediConnect Enrollment materials released for stakeholder review on October 9, 2013.[1] We appreciate the time and effort the Department has put forth to create, review, and revise these materials.

The Coordinated Care Initiative encompasses several very complex changes. This makes it very difficult to create notices that can simply and concisely explain the changes in a manner that is understandable for the large number of beneficiaries impacted. At a minimum, the notices should 1. alert the reader to the fact that changes are occurring; 2. clearly explain the three choices a beneficiary can make; 3. emphasize that a beneficiary must make a choice; 4. drive the reader to seek more information in making a choice; and 5. provide instructions on how to select a choice. To accomplish these objectives, we have provided comments here and also through tracked changes on the 90-day, 60-day, and Health Plan Guidebook. We recognize that DHCS has very little time to review, redraft, and finalize notices prior to January 1, 2014, the date the first 90-day notices will be mailed. In light of this short timeline, we have also provided draft language for the 90-day and 60-day notices.

Emphasis on Choice

Currently, the notices and Health Plan Guidebook do not clearly outline the three choices a beneficiary faces. For example, as drafted, it is not clear that if a beneficiary chooses to keep

[1] We request that ***all*** notices and enrollment materials directed to beneficiaries undergo stakeholder review and comment. These notices and Guidebook are only applicable to two-plan and GMC counties. We understand that the county health plans will be responsible for drafting beneficiary notices and enrollment materials in COHS counties. It is imperative that the COHS county materials receive the same review and comment as notices drafted by DHCS.

her Medicare the same, she MUST choose a Medi-Cal managed care plan. We have redrafted the notices to make the choices clearer.

Likewise, we believe it is critical that the notices make it clear that the beneficiary must make a choice or a choice will be made for him. We have included language in the notices that highlight that the beneficiary must make a choice.

Long Term Services and Supports

The notices and Guidebook repeatedly state or imply that the only benefits provided by a Medi-Cal managed care plan are long-term services and supports. Yet, other Medi-Cal benefits are repeatedly described that do not fall under LTSS. We have deleted and amended language in the notices and Guidebook to accurately reflect what Medi-Cal benefits are provided under Medi-Cal managed care.

PACE

There are numerous instances in the Guidebook that state that an individual who elects PACE must still join a managed care plan while waiting for an eligibility determination for PACE. This is inaccurate. SB 1008 specifically states "persons meeting the age qualifications for PACE and who choose PACE shall remain in the fee-for-service Medi-Cal and Medicare programs, and shall not be assigned to a managed care health plan for the lesser of 60 days or until they are assessed for eligibility for PACE and determined not to be eligible for a PACE plan." Accordingly, any language indicating that a beneficiary electing PACE must select a managed care plan during the eligibility determination should be removed.

HCBS Waiver Waiting List

Individuals who are on an HCBS waiver waiting list will receive these notices. To ensure that they understand that they are able to remain on the waiver waiting list even if they join a Cal MediConnect plan or Medi-Cal managed care plan, we added a question and answer on the 60-day notice.

We also think it is important to explain HCBS waivers in the Guidebook and how they differ from the Cal MediConnect Plans. At a minimum, the HCBS waivers should be added to the Glossary with the differences noted.

Continuity of Care

As we learned from the SPD transition, the right to continuity of care was not widely known or understood by beneficiaries, plans, or providers and created immense disruption in care for countless beneficiaries. We applaud DHCS's efforts to educate providers on continuity of care and encourage DHCS to continue this outreach to providers including, but not limited to, doctors and their office staff, hospital staff including social workers and case managers, nursing homes, home and community based service providers, and pharmacies.

To address continuity of care, we added a question in the beginning of the Guidebook directing beneficiaries to more detailed information regarding continuity of care rights later in the Guidebook.

Accessibility

We believe the Guidebook should include additional information on a beneficiary's accessibility rights. For example, the Guidebook should make it clear that a beneficiary has a right to communication assistance, including sign language interpreters at appointments. The Guidebook should also make it clear that a beneficiary has the right to accessible care including physical and structural accommodations as well as accommodations for longer appointment times.

Medical Exemption Request

The availability of a Medical Exemption Request is not included in the Guidebook. The MER process will be limited to individuals who opt-out of Cal MediConnect but who still have to enroll in a Medi-Cal managed care. We recognize that the need for the MER is less critical for the dual population since beneficiaries will be receiving their primary treatment through Medicare providers. Nevertheless, beneficiaries should still be aware of this right. We have added the MER process to the Guidebook.

Coded and Tailored Notices

Due to the number and variation of notices, including the "MLTSS notices" directed at beneficiaries not eligible for Cal MediConnect, we encourage DHCS to adopt coding methods to help distinguish notices. That way when a beneficiary calls DHCS, Medicare, HICAP, or a community based organization for assistance, they can identify the notice by the code.

To the extent possible, we believe these notices should be more tailored to the unique situations of the beneficiaries who receive them. For example, a CBAS recipient is already enrolled in a Medi-Cal plan. Being informed that they must join a Medi-Cal managed care plan is confusing since they are already in a plan. A notice specifically tailored for these beneficiaries may include a sentence stating that they are already in a plan and they will remain in that plan (unless they choose to enroll in a Cal MediConnect plan).

HICAP and Consumer Assistance

We are pleased to see the inclusion of the HICAP contact number on all of the notices. We strongly urge DHCS to continue efforts to collaborate with the HICAP offices. Since HICAPs will be the only statewide offices providing any sort of enrollment counseling, they will need robust training on the CCI and support from DHCS. Also, to facilitate verification of coverage and promote comprehensive and accurate counseling, all HICAPs should be granted access to AVS at a minimum and MEDS, where permitted. The capacity of HICAPs will need to increase, especially with their number listed on over 525,000 notices, and therefore, the level of funding HICAPs receive will need to increase. Although HICAPs did receive some additional funding in preparation for the CCI, that funding is not sufficient to provide individual assistance to each beneficiary who receives a notice. It is imperative that DHCS consider how it can support

HICAPs. The in-depth beneficiary specific assistance HICAPs provide is necessary for the success of the CCI.

We also recommend that the Health Consumer Alliance be added as a resource to the Guidebook. The Health Consumer Alliance operates in each CCI county and provides consumer assistance on healthcare coverage and services. In addition, we believe that local resources should be added to notices if available. For example, San Diego County has indicated that 2-1-1 is a widely used resource. DHCS should work with all resources listed on the notices to ensure that these organizations are well trained on the changes taking place.

The Guidebook should also include under "Extra help" the number and contact information for the newly formed independent ombudsman program for Cal MediConnect.

Finally, DHCS should ensure that Health Care Options refers beneficiaries to the available resources for assistance. When Health Care Options receives a beneficiary call, it should be informing each beneficiary that additional assistance is available and provide the beneficiary with contact numbers for the appropriate resources.

Readability and Comprehension

DHCS has indicated that these notices have been beneficiary tested. We would like confirmation that all materials have undergone beneficiary testing and that testing included beneficiaries with limited English proficiency, who are blind and visually impaired, who are deaf (a significant number of whom have limited English literacy and are monolingual ASL), and who have cognitive impairments. We also seek assurance that the materials have been written at a sixth grade level. Finally, we urge DHCS to insert a tagline on all of these notices in the Medi-Cal threshold languages that informs LEP beneficiaries how to get information in their primary language. We appreciate that the notices direct beneficiaries to call Health Care Options if they need the notice in another language, but we would prefer that the notices give this information to consumers in their primary languages.

Thank you again for the opportunity to comment. We look forward to continuing to work with DHCS on beneficiary materials.

Sincerely,

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