

January 30, 2015

Department of Health Care Services

Delivered via email to:

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Re: Comments on the Dual Plan Letter addressing Health Risk Assessments

Thank you for the opportunity to comment on the draft Dual Plan Letter (DPL) addressing Health Risk Assessment (HRA) requirements for Cal MediConnect Plans.

- The DPL will allow Cal MediConnect plans to outreach to passively enrolled beneficiaries up to twenty days prior to their effective coverage date in the Cal MediConnect plan. We recognize that by allowing plans to conduct early outreach, newly enrolled members could benefit from better continuity of care and increased services on the first day of coverage. We strongly recommend, however, that CMS and DHCS not only approve the Cal MediConnect plan's request for this process, but that both departments also review scripts and conduct secret shopping of these pre-enrollment outreach efforts. These are beneficiaries who have not made a choice, and their notices state that they have until the end of the month to make their decision. The plans' outreach to these individuals should not encourage enrollment, but rather be as neutral as possible, and the outreach should not mislead beneficiaries into thinking they are already enrolled.
- The DPL directs Medi-Cal plans to conduct an individual care plan (ICP) on high risk beneficiaries who opt-out of Cal MediConnect and are enrolled in a Medi-Cal plan only. We agree that these beneficiaries should receive an ICP, but the DPL does not address how this ICP will be developed because the DPL, which governs only dual plans, does not include language directing the Medi-Cal plans to conduct an HRA. Also, the DPL should provide the plans with timelines for developing ICPs for these beneficiaries.
- The DPL states that for beneficiaries transitioning from a D-SNP into a Cal MediConnect plan, the Cal MediConnect plan is not required to ask the beneficiary questions that were previously answered through the D-SNP HRA process, as long as the D-SNP HRA was conducted within the last twelve months. While we recognize that this policy is intended to reduce redundancy and

make the HRA process more streamlined and efficient, it could result in plans relying on inaccurate and out-of-date information. As an example, Beneficiary A was enrolled in Health Net's D-SNP and completed an HRA in March 2014. In July 2014, that information changed. She is now enrolled in Health Net's Cal MediConnect plan. Health Net prepopulates her HRA with information from her HRA completed in March 2014 – ten months ago. When conducting the new assessment, Health Net does not complete these questions pursuant to the policy and will not do so again until January 2016. The inaccurate information will be relied upon for creating the ICP and will not be updated for 17 months. Instead, we recommend that the Cal MediConnect plans verify the information they have prepopulated in the new HRA.

Thank you for the opportunity to comment. Please feel free to contact us to discuss our recommendations further.

Sincerely,

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National Senior Citizens Law Center