



Enrollment Strategy for Los Angeles County into Cal MediConnect

UPDATED: February 18, 2014

The Memorandum of Understanding (MOU) signed between the Department of Health Care Services (DHCS) and the Centers for Medicare & Medicaid Services (CMS) in March 2013 required California to present an enrollment proposal for Los Angeles County. While that public comment period had been completed, due to important changes in Los Angeles County and a commitment to adhere to the intent of the MOU, DHCS is re-releasing this updated Los Angeles enrollment strategy document for public comment prior to finalization. Understanding this policy has gone through many iterations, DHCS will continue its efforts to inform and assist beneficiaries to understand the enrollment process in Los Angeles County.

Updated Proposal: More Choice in Los Angeles County

In designing Cal MediConnect, DHCS relied on the existing Medi-Cal model of managed care, with LA Care and Health Net serving the Cal MediConnect population as they serve Medi-Cal today in Los Angeles County. While LA Care received 3.5 Medicare stars for Part C, other Medicare quality measures resulted in LA Care being unable to accept passive enrollment for Cal MediConnect as planned. Therefore, DHCS will offer beneficiaries a greater choice of Cal MediConnect plans in Los Angeles County. In addition to Health Net and LA Care, three other plans will be offered: CareMore, Care1st, and Molina.

Beginning no sooner than April 2014, eligible beneficiaries in Los Angeles can opt-in to Cal MediConnect and choose a plan, including LA Care. DHCS will begin to passively enroll beneficiaries directly into Cal MediConnect eligible plans-CareMore, Care 1st, Molina, and Health Net-no sooner than July 2014. To be eligible, a plan must be a Medi-Cal participating plan, a Medicare participating plan, and have undergone Cal MediConnect plan readiness review. Once LA Care improves its Medicare quality rating, LA Care will be eligible to begin receiving passive enrollment into Cal MediConnect.

Los Angeles County Eligible Population and Cal MediConnect County Enrollment Cap

It is estimated that 288,399¹ Medicare and Medi-Cal beneficiaries are eligible for passive enrollment into a Cal MediConnect health plan in Los Angeles County. Passive enrollment will only occur after the rigorous plan readiness review process conducted by CMS and DHCS is complete. The agreement with CMS calls for a Los Angeles County enrollment cap of 200,000. DHCS will implement and manage a waiting list when 200,000 beneficiaries have enrolled in Cal MediConnect. If enrollment declines after the enrollment cap is reached, then DHCS will enroll those on the waiting list up to the enrollment cap. Priority on the waiting list will be given to those who have chosen to “opt-in” to Cal MediConnect, followed by those who are scheduled to be passively enrolled.

Assignment Algorithm

DHCS will initially assign an enrollee to a Cal MediConnect Plan based on a hierarchical logic based on the beneficiary’s highest utilized and paid prescribing and/or rendering provider data

¹ DHCS, Enrollment Data Analysis by DHCS, May 2013. This is an updated analysis based on actual Medi-Cal enrollment, and it supersedes the analysis by the DHCS Research and Analytic Studies Branch released in November 2012 based on July 2010 data.

based on the most recent and available twelve months of Medicare and Medi-Cal claims data. Enrollees shall have the ability to change Cal MediConnect Plans or opt-out at any time.

Overview of the Proposed Cal MediConnect Enrollment Strategy for Los Angeles County

With additional detail available in the below chart, steps for the Enrollment Strategy include:

1. All eligible beneficiaries may voluntarily enroll into Cal MediConnect no sooner than April 1, 2014.
2. Following the three-month, opt-in enrollment period, beneficiaries eligible for passive enrollment who do not choose to opt-in or opt-out will be enrolled generally by their birth month, under the following conditions:
 1. DHCS and CMS will not allow a Cal MediConnect plan to receive passive enrollment if it fails to show readiness or has a CMS' Low Performing Icon (LPI).
 2. CareMore, Care 1st, Molina, and Health Net will receive passive enrollment starting no sooner than July 1, 2014.
 3. Assuming LA Care no longer has an LPI in the 2015 CMS star ratings, DHCS and CMS anticipate that LA Care will begin to receive passive enrollment no sooner than December 1, 2014.
 4. Using available claims data, DHCS will identify beneficiaries whose primary care provider is only affiliated with LA Care. In order to protect continuity of care, such beneficiaries will begin to be passively enrolled into LA Care no sooner than December 2014, regardless of birth month, assuming LA Care no longer has a LPI.
 5. In accordance with CMS policy, those dually eligible beneficiaries who are currently enrolled in the Medi-Cal managed care product sponsored by Health Net or LA Care will be enrolled into the Cal MediConnect product offered by the same plan, effective July 1, 2014.
 6. Under California law, beneficiaries currently in a Medicare Advantage product will be enrolled in Cal MediConnect on January 1, 2015.²
 7. Beneficiaries who are 2014 Medicare Part D Low Income Subsidy (LIS) re-assignees will be enrolled on January 1, 2015.
 8. Persons who opt-out of Cal MediConnect will not be passively enrolled at any point into Cal MediConnect.
 9. All beneficiaries in the Multipurpose Senior Services Program (MSSP) will be passively enrolled into Cal MediConnect on January 1, 2015. (5,000 est.).
 10. Due to enrollment patterns, plan capacity, and/or participation rates, DHCS and CMS may make adjustments to how passive enrollment is conducted. Any changes would be shared for public comment prior to finalization.

Context: Cal MediConnect Notices and the Medi-Cal Managed Care Transition

The purpose of this paper is to explain the LA enrollment strategy for Cal MediConnect. DHCS welcomes stakeholder input. DHCS will address enrollment strategies for mandatory enrollment of dual eligibles into Medi-Cal managed care and MLTSS in a future document.

² Welfare and Institutions Code, Article 4, Section 14132.277

Proposed Cal MediConnect Enrollment Timeline for Los Angeles County

Period of Enrollment	Population	Estimated Passive Enrollment in LAC
April – June 2014	Beneficiaries who opt-in to Cal MediConnect	No Passive Enrollment
July 2014 – November 2014	Beneficiaries with July-November birthdays	73,405 ³
	Beneficiaries currently enrolled in a Medi-Cal product sponsored by Health Net or LA Care	21,311
December 2014 – June 2015	Beneficiaries with December-June birthdays	102,765 ⁴
January 2015	2014 Medicare Part D Low-Income Subsidy (LIS) plan re-assignees ⁵	20,164
	Beneficiaries enrolled in a Medicare Advantage Product in 2014 ⁶	65,754
	All beneficiaries in the Multipurpose Senior Services Program (MSSP) – Enrolled all at once on January 1, 2015	5,000
Estimated total beneficiaries eligible for passive enrollment		288,399

³ This estimate is overstated. Beneficiaries with a primary provider affiliated only with LA Care will be held back until LA Care can accept passive enrollment. CareMore, Care 1st, Molina, and HealthNet passive enrollment will go forward.

⁴ This estimate is understated. Please see Footnote 3. A greater portion of persons in this period will be passively enrolled in to LA Care to offset the other plan enrollment that occurred in July to November.

⁵ This estimate is based on historical numbers of re-assignees, per CMS analysis. Enrollment will be coordinated with CMS' annual reassignment process to avoid assigning an individual to a new Part D plan and then moving him or her to a MediConnect plan in the same year. Reassignment occurs in October for individuals who qualify for extra help or are enrolled in terminating Medicare Advantage or Part D plans.

⁶ Welfare and Institutions Code, Article 4, Section 14132.277