

Audio Report Transcript

Headline:

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Mixed Bag So Far for Duals Program:
Some Glad, Some Livid, Many Confused

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California's duals demonstration project has begun. It targets almost half a million people across the state who are dually eligible for both Medicare and Medi-Cal. It combines the funding and services of the two programs to make sure these frail and elderly people get full benefits and services. But not all the duals WANT the new program, and many are finding it difficult to opt out of it. This is a report for *California Healthline*, a daily news service of the California HealthCare Foundation. I'm Rachel Dornhelm.

California is one of 11 states implementing a demonstration program, to streamline medical services for so-called "dual eligibles." People like Teresa Strauss' mom, who gets both Medicare and Medi-Cal. Strauss' mother Maria Salim lives with her in downtown Los Angeles and needs full-time care for ongoing health problems.

(Strauss): "Yeah it's dementia, dementia with deep depression and psychoses."

Strauss said she and her mom are not fans of the duals demonstration project, because one of the most important specialists her mother saw, says Strauss, was her psychiatrist.

(Strauss): "She's been seeing him for the past two years. He knows basically her personality, you know, and he was dealing with her on that level."

Right before their most recent appointment she found out her mom could no longer be seen there. The doctor's office told her she had transferred care to a Medi-Cal managed care plan through Cal MediConnect, and they weren't part of that network. But Strauss told health plan operators she never gave her consent for that switch.

(Strauss): "It was a blue envelope they said, 'a blue envelope with a letter inside saying you have to choose stating that you had to chose.' And I said, 'Look, I've checked the mail every day and I never received anything and neither did she.' It's like you have enough

problems taking care of your ill parent and then you have this, too. So I'm very very disappointed in this whole situation, which in fact no one ever signed for it."

This is not an isolated case, according to Kevin Prindiville, executive director of the National Senior Citizens Law Center. He says there has been a great deal of confusion around notices. They can be difficult to figure out, and sometimes people received the wrong ones. Some of the early enrollment problems have now been fixed, he says. But the biggest challenge remains the passive enrollment process, he says, where seniors are often unaware they have been added to Cal MediConnect -- until they try to get services.

(Prindiville): "They are losing oftentimes their prescription drug coverage. They are sometimes losing access to a provider who doesn't want to see them anymore because there has been some change in their enrollment status. So the problem is starting to shift from enrollment to access-to-care problems."

Prindiville says he does give the state credit for being willing to engage with advocates, investigate problems and in most cases acting to fix them. It's just that the challenges keep popping up.

(Prindiville): "There's a little bit of a fire drill mentality to the whole rollout so far -- which is that there is always a new fire to put out ... So it feels like we're jumping from fire to fire to fire and it feels like we're not having the chance to step back and do some fire prevention."

Recently health officials said about one-third of those eligible have opted out of Cal MediConnect, so far. This suggests that many people *are* receiving the blue letters and choosing to opt out, said Norman Williams, deputy director of public affairs at the Department of Health Care Services.

(Williams): "Based on the progress, it's evident that those who wish to remain in original Medicare, they have the information they need to do that."

Williams says those enrolled in Cal MediConnect will receive better and more coordinated care, including vision and dental coverage, as well as transportation services. He says the current care system is very fragmented and requires seniors to chase care around.

(Williams): "Many of these individuals don't have the resources or the time and in some cases the ability to search around and find the very specialized care they need for complicated medical conditions."

The new program could potentially save the state money by combining funding streams, but Williams says its primary goal is to create a more streamlined system of care.

(Williams): "In Cal MediConnect our members will have their primary care physician who will help them find all of the specialists they need, they'll arrange the visits and do all of the examination, arrange any types of services that they need and this makes it very simple for a population of people who can be very vulnerable."

The patient advocates hope Cal MediConnect succeeds, because of the increased care coordination and access to more services. The issue has been how those changes are implemented. That sentiment was echoed by Kathryn Kietzman, a research scientist at the UCLA Center for Health Policy Research.

(Kietzman): "The concern I think has never really been what the desired outcome is, I think we all agree on that. but it's always been the process of the transition."

Kietzman has tracked 55 cases of dual-eligible seniors in the state in four of the eight demonstration counties. She says CMS will do an evaluation of outcomes, but she is concerned there is no real-time evaluation now.

(Kietzman): "So it's moving forward and this is a vulnerable population and if there is no real-time evaluation to find out how people are faring... Are they finding the doctors and the services they need? Do they even know they've been enrolled in the program?"

Right now her team is focused on writing a policy brief from their last round of interviews and expects to release that in the next month or two. Meanwhile, Teresa Strauss says she just hasn't seen any positive changes yet.

(Strauss): "At least I can speak for my mother, I haven't seen any benefits, I mean I haven't. All I have seen is she can't see her psychiatrist now, and the whole thing to get rolling with her diapers took a month. My mother is not benefitting from that at all."

Prindiville says the important thing is for people to keep monitoring the system and keep in mind that this is the enrollment phase of a long-term project.

(Prindiville): "We've got to see whether the new model does do its job of providing person-centered care, providing integrated care, providing more access to home and community-based services, hopefully lowering costs from the state's perspective. It will be years before we are able to judge all of those things."

The state is roughly halfway through the enrollment process, mailing out forms to about 195,000 dual-eligibles. Enrollment still has not begun in Santa Clara, Alameda and Orange counties, where it is expected to start next year.

This has been a report for *California Healthline*, a daily news service of the California HealthCare Foundation. If you have feedback or other issues you'd like to have addressed, please email us at CHL@CHCF.org. I'm Rachel Dornhelm, thanks for listening.