



Mass Home Care



Massachusetts Council for Adult Foster Care
LEADERSHIP • KNOWLEDGE • ADVOCACY



MASSACHUSETTS
Adult Day Services
ASSOCIATION

November 1, 2017

Senator Stan Rosenberg
President of the Senate

Senator Karen Spilka
Chairwoman, Senate Ways & Means

Senator James Welch
Chairman, Health Care Finance

Senator Harriette Chandler
Senate Majority Leader

Dear Senators,

We are writing to urge you to respect and honor the right of the elderly and individuals with disabilities to choose the health care plans that they prefer, by “opting into” those plans, rather than by being automatically enrolled in one.

There are three sections in the Senate Health Care Affordability bill which permit “passive enrollment” of people on Medicare or MassHealth:

- **Section 128:** seeks a federal waiver to permit passive enrollment of individuals eligible for Medicare into a MassHealth managed care program. Elders would have to ‘opt out’ to get back into Original Medicare. We urge you to strike the first sentence of this section regarding passive enrollment.
- **Section 130:** automatically disenrolls thousands of dual eligible seniors who are currently in the EOE home care program, and transfers them into managed care plans. It also transfers funds for care management costs out of the home care funding base. This goes beyond passive enrollment. It could sever existing physician and home care management relationships, and is unlikely to save the state any money. Transferred elders might not be able to get back into the home care program even if they want to ‘opt out.’
- **Section 131:** allows public housing providers to passively enroll residents into senior care options or other MCO plans, with one of 2 plans within each housing site. This section allows public landlords to pre-select health care plans for their tenants as part of their tenancy agreement. . We urge you to strike clause (ii) and the following two sentences of this section regarding passive enrollment.

Seniors and individuals with disabilities do not want to be viewed as "passive" agents in their own health care future. There has been a chorus of antipathy expressed regarding passive enrollment across the country. In July of 2012, 33 national groups sent a letter to the federal Centers for Medicare and Medicaid Services raising opposition to mandatory enrollment into managed care plans. Groups such as Easter Seals, Families

USA, Leading Age, the National Association of Elder Law Attorneys, the National Association of Area Agencies on Aging, and the National Council on Aging, said in their letter:

"We oppose passive enrollment into the demonstrations. Poor, sick individuals with multiple chronic conditions should not be passively enrolled into an experiment; an opt-in enrollment process is most suitable for this population... Free choice of provider has been a tenet of the Medicare program since its beginning ..."

In a brief entitled *The Dual Eligible Demonstration Projects: The Passive Enrollment Challenge*, Massachusetts-based Community Catalyst described a "better way" than passive enrollment:

"the use of a voluntary, opt-in process that would allow the demonstration projects to grow at a rate that matches the capacities and competencies of the plans. The best way to ensure robust enrollment in the demonstrations is to offer robust benefits and high quality health plans that are attractive to consumers because they meet consumer needs in ways the current system does not."

Community Catalyst described a preferable route:

"The key to a successful voluntary enrollment effort is a robust collaboration among state, advocates, health plans and providers. Together, these stakeholders can create a well-resourced marketing, outreach, education, and enrollment effort that offers beneficiaries a variety of good options and credibly makes the case that integrated care will be an improvement over the status quo."

Instead of passive enrollment, Community Catalyst recommends these elements in a voluntary enrollment context:

- Marketing materials must be both linguistically appropriate and adequate to inform individuals of their options and of available consumer assistance resources that can help them determine whether participation makes sense for them and, if so, select the plan that best meets their individualized needs.
- The state should contract with trusted community-based organizations, including local health and human services organizations that already work with the target populations, long-standing providers and peer supports, to conduct individualized choice counseling.
- The state should partner with advocacy organizations to train providers about how to talk about the demonstration with patients for whom it might be appropriate.

If this approach is taken, the Community Catalyst brief says, "if the outreach and education are accurate, 'high touch' and personalized, and if the messengers are appropriate ones, then substantial voluntary enrollment will follow and the 'critical mass' imperative will be satisfied in a much more sustainable way."

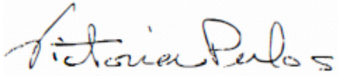
Large scale automatic enrollments in the One Care program led to large scale opt outs. As of May 1, 2017, of the total 104,687 individuals who are eligible for the One Care program, 31.6% have chosen to opt out. That 33,127 people who opted out of One Care. Many of us in the advocacy community urged MassHealth to increase its volunteer enrollment efforts, and to go slow on any passive enrollments. We still believe voluntary enrollments are better for consumers, and better for health plans.

Low income people have enough challenges to meet their health care needs.. Being "passively" swept into health care plans they did not choose should not be one of those challenges. . All Massachusetts residents should be free to "opt in" to the health plan they believe best meets their needs.

Finally, there is no evidence of any cost saving associated with these three passive enrollments sections.

For these reasons, we urge the Senate not to promote any "passive enrollment" in the Senate health care affordability bill.

Yours,



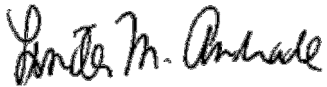
Victoria Pulos
Massachusetts Law Reform Institute



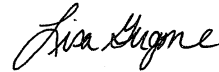
Al Norman
Mass Home Care



Michele Keefe
Massachusetts Adult
Day Services Association



Linda M. Andrade
Massachusetts Council for Adult Foster Care



Lisa Gurgone
Home Care Aide Council of Massachusetts

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