

ASHLEY: Opting Out

Age: 53 Gender: Female Ethnicity: Caucasian Primary Language: English
Education: 17 years U.S.-Born: Yes Enrollment Status: Opted out of CMC

Read the related study:

Cal MediConnect Enrollment: Why Are Dual-Eligible Consumers in Los Angeles County Opting Out?
<http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1661>

Managing Physical and Mental Health

Over a decade ago, "Ashley" experienced an accident and suffered an injury that remained undiagnosed for several years, resulting in multiple rare neurologic disorders. At 53 years of age, she is now managing both physical and mental health impairments. Her health challenges forced her to move back to Los Angeles County from out of state so that she could live with her mother. Since the accident made it very difficult for her to read, write, and speak, Ashley was unable to finish the PhD program she'd been in. She currently receives 20 hours of assistance each week from a caregiver who helps her with activities of daily living. She also relies on ACCESS for transportation services, receives CalFresh benefits (food stamps), and has a service dog, whom she considers to be her main assistive device.

Ashley's Enrollment Decision

Ashley relies on numerous information sources for assistance with her health care paperwork, financial matters, and general health care concerns. She strives to maintain autonomy over all her health-related decisions by ensuring that such decisions are well informed. Ashley first heard about Cal MediConnect (CMC) while attending a day program that provided psychological and emotional support. A representative from the Center for Health Care Rights delivered a presentation about CMC that was specifically tailored

for individuals with neurologic disorders. Ashley found that the CMC information presented was not only comprehensive but also easy to understand. By the end of the presentation, Ashley was fully aware of her enrollment options and knew that she needed to make a decision about whether to enroll in or opt out of CMC.

She viewed CMC as a restrictive managed care plan that would likely inhibit her ability to exercise choice based on previous negative experiences: "I want to go where I need to go, especially now, when I'm in the middle of some very sensitive testing and trying to figure out what's going on. I didn't want any change."

Shortly after the CMC presentation, Ashley contacted the Center for Health Care Rights because she still had questions about the enrollment process. She was advised to consult with her doctors directly to determine

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how enrollment might impact her health care. Initially, Ashley's doctors gave her inconsistent answers. However, when she followed up with the main insurance processing office, she was excited to learn that she could maintain continuity of care with her doctors if she opted out of CMC. While she said that she felt "comfortable, confident, and relieved" with the decision to opt out, she also said she knew it was her best option because of her complex medical needs and priorities.

How Ashley Is Doing Now

During the CMC enrollment period, Ashley experienced a "disabling condition [that] disrupted [her] life" and forced her to undergo a series of diagnostic medical examinations. Consequently, it was more important than ever that she have "ease of access" to certain treatments and to new specialists. She viewed CMC as a restrictive managed care plan that would likely inhibit her ability to exercise choice based on previous negative experiences: "I want to go where I need to go, especially now, when I'm in the middle of some very sensitive testing and trying to figure out what's going on. I didn't want any change."

She also feels that she already has the best doctors and would not receive as high a quality of care if she enrolled in a CMC plan.

Ashley was also relieved about opting out because it would allow her to stay with her doctors, whom she trusts to provide her with high-quality care, especially during her health crises. She values her relationships with her specialists and does not want to "start all over" with new doctors who might not understand her complex history. She also feels that she already has the best doctors and would not receive as high a quality of care if she enrolled in a CMC plan.

Overall, Ashley is an effective advocate for her own health care needs and strives to make informed choices. She is confident in her ability to obtain comprehensible health care information by consulting directly with medical providers, insurance administrators, and community-based organizations. Given Ashley's aversion to managed care and her goal of maintaining continuity of care with her doctors, it is not surprising that she chose to opt of CMC. Opting out provided her with greater flexibility to keep her current network of specialists and allowed her to seek additional services outside of the narrower CMC network.

The CHOICE Study: Consumer Health Care Options: Investigating Cal MediConnect Enrollment

The CHOICE study was a two-year project that examined the decision-making processes of those eligible for Cal MediConnect in Los Angeles County. The study was conducted by the **UCLA Center for Health Policy Research** in partnership with the Westside Center for Independent Living and a Community Advisory Group of five consumers and five stakeholders. Findings are drawn from 53 in-depth, one-on-one interviews and six focus groups (36 participants) conducted with dual-eligible consumers.

For more information about the CHOICE study methods and participants, including individual and composite case studies, please visit:

<http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1661>.