

### Martha: Opting Out

Age: 68 Gender: Female Ethnicity: Black/African American Primary Language: English  
Education: 12 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>

#### Multiple Health Concerns

Martha is a 68-year old African-American female who was diagnosed with cardiomyopathy in 1990. Her cardiologist initially prescribed her heart medication but she ultimately needed to have a heart transplant. The heart transplant was successful but Martha was also diagnosed with Chronic Obstructive Pulmonary Disorder (COPD) and sleep apnea. She manages her COPD with a prescription inhaler and uses BiPAP (i.e., a form of non-invasive mechanical pressure support ventilation) nightly for her sleep apnea. Because Martha lives alone and the COPD is worsening, she now has an In-Home Supportive Services (IHSS) provider who assists her with some activities of daily living (i.e., preparing meals, cleaning, and doing laundry). Martha says that while the COPD has limited her ability to take care of some day-to-day needs, she does not need assistance traveling to her medical appointments because most of her providers are located close by.

Martha is quite active in the community: She serves as a consumer peer advocate for the Personal Assistance Services Council (the public authority and employer of record for IHSS), volunteers with a local church to provide Medicare counseling, and regularly attends meetings hosted by community based-organizations that serve older adults and persons with disabilities.

#### Martha's Enrollment Decision

Martha first learned about Cal MediConnect (CMC) from her doctors. Both her PCP and her cardiologist posted an example of the CMC enrollment form in their offices. She received her individual CMC blue envelope notification from the State much later, close to the end of the enrollment period. Martha brought the enrollment form to her

PCP to get help completing it. Martha knew that she wanted to opt out of CMC and retain her Medicare benefits but she still had to select a (mandatory) managed care plan for her Medi-Cal benefits. As she describes it: "they [the State] forced us to join a HMO for the Medi-Cal part." There were several managed care plans to choose from and, although Martha found the enrollment information long and confusing, she attempted to read the accompanying booklet and pamphlet prior to visiting her PCP. After consulting with her PCP, Martha chose the plan that he recommended.

Martha explains that her PCP of 10 years, who also serves as her pulmonologist, was the most important resource during this decision-making period. While under his care, Martha has been connected to a cardiologist, a gastroenterologist, and a psychologist. She says these providers all work together and communicate about her medications, laboratory tests, and appointments.

Martha states that she opted out of CMC because her providers were not part of the CMC network and because "[I] knew I didn't want anyone having that much control over my medical life." Especially because Martha relies on multiple providers to address her complex health care needs,

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she prefers to have more choice about who she can receive care from. For Martha, the limited choice of providers within the CMC plans was a major concern. She said her decision to opt out came down to the importance of "the relationship with the doctor. I think they [CMC] [could] do better if they went to the doctors first to get them on board. They'd have better success." Indeed, Martha acknowledges that "if my doctor was on there [in CMC], I would have signed up for it."

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### How Martha Is Doing Now

Martha continues to be content with her decision to opt out of CMC. Although her PCP recently moved farther away from where she lives, and this presents a transportation challenge, Martha is committed to continuing to receive care from him because of their longstanding rapport. In particular, she appreciates that he is very attentive and takes as much time as is needed during their appointments. She also says that he has been an effective manager of her medications, diagnostic tests, and referrals for many years. Martha is wary of what she has heard about the CMC care coordinators and the requirement under CMC to get approvals in order to see specialists.

Martha has unfortunately experienced some difficulties with her new Medi-Cal managed care plan. She reports that she has had trouble obtaining medicines and medical equipment (i.e., filling prescriptions, replacing an inhaler, obtaining a functioning BiPAP). She has also had to pay additional fees for certain appointments and services. Martha has attended meetings sponsored by the California Coordinated Care Initiative, the Department of Public Social Services, and the managed care health plan itself to try to determine how she can resolve these issues. However, she has not yet gotten a response that addresses her grievances.

Martha expressed that the managed care plan that now provides her Medi-Cal benefits is falling short of meeting her needs. For instance, she said that her Medi-Cal allocations do not sufficiently cover her many visits to her PCP.

Additionally, during a recent visit to the dentist, she was forced to pay out of pocket for dental care for which she previously had coverage. Additionally, Martha reported that she has had difficulty obtaining glasses. While her current healthcare plan covers basic appointments (through a Vision Service Plan), the cost of glasses is not covered under this plan.

Overall, Martha remains satisfied with her decision to opt out of CMC, primarily because she has been able to maintain continuity of care with her PCP and the network of specialists who understand and address her many chronic conditions. Although she has had difficulty receiving some Medi-Cal benefits through her new managed care plan, Martha is optimistic that she will get the help she needs but remains uncertain about the actual health plan benefits that are available to her.

### 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>.