

## The CHOICE Study: A Case Study of "Younger" Participants

### 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>

### Introduction

As of August 2017, 58% of dual-eligible health care consumers in Los Angeles County had opted out of Cal MediConnect (CMC). About 53% of the consumers who opted out of CMC were between the ages of 21 and 64, a group designated as "younger" for the purpose of the CHOICE Study. Los Angeles County has the highest rate of younger consumers who opted out of CMC (53%) when compared with the remaining six demonstration counties that have opt out-rates ranging from 10% to 45%.

The CHOICE Study conducted in-depth interviews with 53 dual-eligible consumers, 24 of whom were "younger" consumers between the ages of 46 to 64 years old. Twenty of the consumers among this group were English-speaking. This case study focuses on the 16 younger, English-speaking consumers who either enrolled (n=6) or opted out (n=10) of CMC. The experiences of the Spanish-speaking consumers and of the younger consumers who disenrolled are presented in separate composite case studies (refer to related study link above). We examine and compare the decision-making experiences of these consumers in the context of three specific themes identified by our earlier analysis of data from the 53 one-on-one interviews: knowledge of health care options, perception of choice, and disruption of existing care.

### Knowledge of Healthcare Options

#### *Information Seeking*

A majority of participants under 65 years of age actively sought out a wide variety of information sources to make sense of the complicated information they

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received about their options under CMC. Primary care providers (PCP) and specialists were mentioned as the top information source; perhaps this is because maintaining continuity of care with trusted doctors was listed as a top health care priority for nearly all dual-eligible consumers. Other valuable sources of information included community-based organizations and the CMC information hotline.

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Many participants also sought help from case managers or health plan representatives who provided information via one-on-one conversations, in person or by phone. Having someone explain and walk them through their enrollment/health plan options helped participants make their decisions. Most participants reported that, in the course of these communications, they were given explicit directions about how to enroll or opt out; in some cases, the case managers or health plan representative completed the enrollment processes for the participants. "[The health plan representative] told me that they would like to talk to me more about [Cal MediConnect]. And they asked if they could meet me at my house ... they said they would go over with me — go over what exactly, how it pertains to help you in different ways ... they sat down here with me and in fact they even gave me a card saying if you need any more information, you're able to call us."

It was not uncommon to see participants reaching out to multiple information sources to make an informed choice about CMC. One participant regularly participates in telephone town halls and consults with different people who assist her with paperwork, finances, and general health care concerns. These resources help to educate and keep her up-to-date on new developments in the health care system. Because she actively seeks health care information, this participant feels confident in her ability to make an informed choice.

### ***Fee-for-Service (FFS) vs. Managed Care (MC)***

Some participants had negative perceptions of managed care (also referred to as Health Maintenance Organizations or HMOs) as entities that restrict choice in health care decision-making. One participant felt that having separate Medicare and Medicaid benefits meant that she "could go anywhere" for her health care. She was previously a member of a managed care plan and had experienced limited choices for medical equipment and supplies. However, she weighed her disdain for managed care against the promise of continuity of care with her doctors and ultimately decided

that she was willing to join a CMC plan if she could keep her doctors and medications.

While most of the younger participants who were enrolled in Cal MediConnect reported that they actively made that decision, one participant said that she was passively enrolled and did not have a choice. When she first received information about Cal MediConnect, she disregarded the letter because she did not want to join a managed care plan. Later, when she was passively enrolled, she accepted the change because it allowed her to maintain continuity of care with her doctors and medications, both of which are major health care priorities.

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Another participant who was averse to managed care discussed aspects of the CMC plan with a case manager. Initially she decided that she "wanted to have the freedom" and "[did not] want to be restricted in a network like that." However, after she learned that enrollment in CMC would only change her billing and would not limit her choice in medical supplies, she actively enrolled. Despite negative perceptions of managed care, this participant joined and stayed enrolled in Cal MediConnect because there was effectively no disruption to her existing care.

### ***The Appeal of Extra Benefits***

Many CMC enrollees indicated that the availability of extra benefits, such as transportation, care coordination, vision/dental, and gym membership, were very attractive advantages. These participants also mentioned that they received more options for care and services as a result of their enrollment in CMC, and appreciated that these benefits came without additional costs or copayments. According to one participant, "you get more options because they help you

with a lot of different things ... Especially like if you're elderly, I like the fact that they're able to give you this Silver Sneaker so you can actually go out there. Even if you're not elderly but you're disabled, they help you go to a gym and they pay for it."

It is important to note that a majority of these enrollees did not experience disruptions in their care and coverage when they joined CMC. For these participants, enrollment into CMC allowed them to maintain continuity of care with their physicians with the additional bonus of new benefits. In contrast, those who opted out may have also factored in CMC's extra benefits; however, when weighing the extra benefits against the potential loss of their doctors or other favorable benefits associated with their current health plan, the appeal of the extra benefits was not compelling enough to join.

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### ***Satisfaction with Current Plan***

Some participants opted out of CMC because they valued their current health plans and did not want to take a chance with a different and unfamiliar health plan under Cal MediConnect. One woman chose to remain in her managed care plan with Kaiser because she was satisfied with her current coverage and did not want to lose the continuity she had established. "Basically, I had weighed my options though. I really did take into consideration what they recommended people to do and then I said, 'Why trade one managed

care for another one?' ... I think I'll just stay where I am." Although this participant was aware of her option to join a CMC plan, she stated that she would only consider enrolling in if she were diagnosed with a new condition that was inadequately cared for at Kaiser. "I'm with Kaiser now. I think I worked the kinks out, you know? And I'm ... I'm content with the doctors I have. And I learned ... how to navigate the system, and find the help I need ... So I went to Kaiser Member Services and I showed them the form and I told them, 'I want to stay with you. I don't really want to leave. So, which one of these programs will let me do that?'"

Another participant remarked that CMC was not necessarily a bad program but that the plans they offered were simply not the best fit for him and his health conditions. After weighing the pros and cons, he decided to opt out of CMC simply because his current plan already met his health care needs and priorities. The participant expressed, "Well, you know, they explain how [Cal MediConnect] worked ... It sounded good, but I was still sticking to what I had ... I said if I could find a Cal MediConnect plan that would let me come here, I'll do that. But there wasn't any. I was willing to think about the change, but since it wasn't there, I said no."

## **Perception of Choice**

### ***Seeking Understandable Health Care Information***

For some "younger" participants, perception of choice depended on the ability to understand complex health care information. Participants explained that they experienced initial phases of confusion and uncertainty when they first received information about CMC through notifications mailed in blue envelopes. As one participant described it, "I feel like I have less and less and the more and more the information comes out on the plans, it's like I don't want to open up the envelope." Another participant expressed that she initially did not feel like she had an enrollment choice because she did not fully understand the information she had received. When asked about how important it was to make her own health care decisions, she said, "Very

important, but usually I have to have help with decisions. Because sometimes I'll be looking like ... the way they got the words, even if I read it, the words are too big to pronounce ... I have no idea what they're talking about."

Many participants underwent lengthy and challenging processes to learn more about CMC. They described how overwhelmed, confused, and frustrated they felt during the enrollment period. Not surprisingly, when they did not understand the choices available to them, they experienced little choice. "I didn't really feel like I did have as much information ... to make a smooth transition into [Cal MediConnect]."

Most typically, participants who experienced a lot of choice were presented at some point with information that they understood. "I actually went to a representative of the plan, an independent representative of the plan that also worked for one of the doctors. And so, she gave me all the information and the pros and cons of the different plans, but allowed me to make my choice and that clarified a lot for me." Once they better understood CMC and the options available to them, participants also expressed satisfaction with the program.

### ***Importance of Health Status***

A few participants framed their experience or perception of choice in the context of their current health status. One participant stated she has learned how to effectively manage her medical condition and considers herself to be relatively healthy. "I feel like I have right now enough choice ... I don't have anything really big, very, you know? Any rare condition or anything like that ... you know, so I'm not really sick." She reasoned that, unlike other individuals who may face "challenges with two or three conditions," she is knowledgeable and healthy enough that her choices are not constrained by her medical condition. She has been active in her own health care decision-making and also serves as a peer mentor to other consumers, advising them about how to communicate with doc-

tors and how to get the services they need. However, even though arguably more informed and engaged than other consumers, she was confused by the CMC notification and embarrassed by the length of time it took for her to make an enrollment decision. In the end, she felt relieved after taking the time she needed to review other sources of information and weigh her options before making a final decision.

Another participant has a disability and experienced cognitive difficulties during the Cal MediConnect enrollment period. Due to her health conditions, she wanted to maintain continuity of care with her specialists, so she felt she had no choice but to opt out. "... the only choice I had was to opt out because of my

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medical needs and priorities. So in essence, the minute I was told either do this or that, I had to do something. There is no choice in that."

### ***No Choice Due to Passive Enrollment***

Some participants discovered that they were passively enrolled in CMC without their input or knowledge. For example, one participant was unaware that she had been enrolled in CMC until she attempted, without success, to pick up her medication from the pharmacy. This is when she discovered that she first needed the approval of her physician and health plan. Since her provider was already associated with one of the CMC plans, this participant believed that enrollment was the only way she would be able to continue to receive her prescriptions and stay with her provider. Although this participant did not experience any major disruptions to her health care, she described the frustration she felt when she discovered that she had been enrolled without her knowledge. As a self-described advocate in charge of her own health-related decisions, she was upset that her choice to enroll (or not) had

been taken away from her. "I didn't have a choice. I don't think they gave me a choice. I think they just done it." In addition, since she had little information about the enrollment, she initially feared that the change would potentially cause major disruptions to her health care.

## Disruption of Existing Care

### *Continuity with Primary Care Providers, Specialists*

The biggest priority for many consumers was continuity of care with their doctors. Many consulted directly with their doctors during the enrollment period, or researched whether they would lose their doctors if they chose a particular CMC plan. These participants valued their relationships with these doctors because they were familiar with their medical history, were deemed trustworthy, communicated effectively, and delivered quality care. For enrollees with providers who were part of CMC, the transition into the duals demonstration program was typically seamless and a few participants also received new and valued benefits that they did not have before (e.g. non-medical transportation).

Alternatively, many dual-eligible consumers opted out if their PCPs and specialists were not associated with CMC plans: "My doctor is very particular about whom she accepts [for insurance] and I'm not certain that [Cal] MediConnect at that time would be something that she would accept. And I really wanted to stay with my primary physician because I've been with her for several years and I was very happy with this doctor and I didn't want to lose that."

Furthermore, several consumers with multiple chronic illnesses and disabilities valued continuity of care with their larger network of specialists and cited this concern as a major reason for opting out of CMC. During the enrollment period, one participant experienced a "disabling condition [that] disrupted [her] life." Because she was in the middle of a series of sensitive diagnostic procedures, she felt it was imperative to keep her existing network of doctors and specialists,

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whom she trusts to provide her with high-quality care. She has received care from one specialist, her "pain doctor," for the past 10 years, and has built a tremendous amount of trust in their patient-doctor relationship. "There's no one else I will allow to inject into my nerves and spinal column — and even then, it took years to build the trust to allow him to do that." Moreover, she also values her neurologist, who is very knowledgeable of her particular and very rare disorder. "The neurologist I see right ... may be one of the only people in the country that knows anything about this disorder ... it was important to me to be able to continue to see them ... so when it came back to the Cal MediConnect, and I was like no, I want to go where I need to go, especially now when I'm in the middle of some very sensitive testing."

### *Disruption of Health Plan Benefits*

Two enrollees cited the fear of losing Medi-Cal benefits, such as In-Home Supportive Services (IHSS), as a strong motivation for joining Cal MediConnect. "You know it's better to have [Cal MediConnect] than nothing at all. Because I'm trying to keep my IHSS and that's the only way I can keep my IHSS. That's what I found out. That's the only way you can keep IHSS is if you're in a MediConnect program." Although these participants appeared to have been misinformed at some point during the enrollment process, they en-

rolled because they believed that enrollment was the only way they would be able to keep their trusted IHSS providers. Another participant's primary reason for enrolling was to maintain continuity for her prescription medication. After being passively enrolled, she was led to believe that the only way she would continue to receive her prescription medication was if she joined CMC.

Among those who opted out, one consumer noted that she preferred to stay with her current durable medical equipment (DME) vendor, which was contracted through Kaiser. She was unwilling to leave her DME vendor because she knew the technicians, the company gave her appointments within reasonable times, and provided a loaner chair if necessary. Furthermore, since the participant had heard complaints from other people about their DME vendors, she considered herself lucky to be with a good vendor. She elaborated, "I've talked to people too who are 'straight MediCal' and who have LA Care only. And they are not happy with the vendors that they're getting ... I guess since I was with Kaiser and was contracted with this vendor they just left me there ... I've even had problems...with this vendor...I was just unwilling to leave United, I even know the technicians when they come ... I can get an appointment in a reasonable amount of time ... if something happens to my chair, I can get a loaner."

## Conclusion

Many "younger" CHOICE study participants were proactive during the CMC enrollment period. Their decision-making process involved inquiry of multiple resources, including their PCP, case manager, community based organizations, or CMC information hotline. Their inquiry was sometimes driven by the confusion surrounding the CMC enrollment process. Responses to this confusion varied; some participants actively sought out additional information about the CMC program and how to enroll or opt out. The more "proactive" participants weighed the benefits of CMC enrollment and considered the potential benefits

gained through enrollment (e.g. transportation, access to DME) against the potential disadvantages (e.g. disruption of services by PCP). Other participants had a more passive approach to the enrollment process; they may have asked questions about the program, but ultimately based their decision on the opinion of a trusted authority figure (i.e. their PCP or specialist).

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Interestingly, the delivery of medical services (through managed care versus fee-for-service) was an important factor for some participants. The perceived loss of "freedom" that managed care represented was deemed unfavorable by many who opted-out. Rather than participate in the networks established by the CMC health plans, these participants generally preferred to be able to choose and use their own network of health service providers.

### Endnotes

1. Cal MediConnect Monthly Enrollment Dashboard: As of August 1, 2017. <http://calduals.org/wp-content/uploads/2017/09/August-2017-CMC-Enrollment-Dashboard.pdf>
2. Cal MediConnect Opt out Breakdown by Language, Ethnicity and Age by County. September 1, 2016. [http://www.calduals.org/wp-content/uploads/2016/09/August-Detailed-Opt-Out-FINAL\\_1.pdf](http://www.calduals.org/wp-content/uploads/2016/09/August-Detailed-Opt-Out-FINAL_1.pdf)