California
Health Care Options Program

Medi-Cal Managed Care
2015
Our Program Objective

- Health Care Options (HCO) Program objective

  - To ensure that all Medi-Cal applicants/beneficiaries are provided accurate, unbiased and current information regarding the health care options available in their geographical locations to enable them to make informed health care choices
Session Objectives

✓ To understand the HCO program role in the Medi-Cal managed care system

✓ To understand the enrollment process and its impact on the target population

✓ To understand the importance of consistent utilization of the HCO referral process

✓ To understand the HCO program services and it’s delivery system
HCO Program Overview
What is the Health Care Options Program?

- A state funded Medi-Cal managed care education and enrollment program
- A program supervised by the California Department of Health Care Services (DHCS)
- A program administered by MAXIMUS Inc., the California enrollment contractor
  - *Helping Government Serve the People* in California since 1997
HCO Program Resources

Field Operations Department

- Enrollment Service Representatives (ESRs) provide education, enrollment, and customer service assistance on Medi-Cal Managed Care related issues.

- ESRs provide individuals with free, unbiased information in one-on-one settings or group sessions.

- ESRs are located in county social services sites, clinics, hospitals, health centers, and community-based health organizations.

HCO Call Center

- Toll-free language line assistance
- 13 threshold languages
- Monday – Friday from 8:00 a.m. – 5:00 p.m.
HCO Counties

HCO Program provides customer-centric assistance at 103 Presentation Sites in 35 Counties.

- Alameda
- Alpine
- Amador
- Butte
- Calaveras
- Colusa
- Contra Costa
- El Dorado
- Fresno
- Glenn
- Imperial
- Inyo
- Kern
- Kings
- Los Angeles
- Madera
- Mariposa
- Mono
- Nevada
- Placer
- Plumas
- Riverside
- Sacramento
- San Benito
- San Bernardino
- San Francisco
- San Joaquin
- Santa Clara
- Sierra
- Stanislaus
- Sutter
- Tehama
- Tulare
- Tuolumne
- Yuba

CA HCO Program Overview
CA HCO Program Overview

In California, the HCO program serves an estimated 3 million Medi-Cal participants per year

- The HCO program’s target population consists of two classifications of Medi-Cal participants:
  - Mandatory
  - Voluntary

- Mandatory participants must join a Medi-Cal health plan
- Voluntary participants may join a Medi-Cal health plan
There are several type of CA HCO program delivery models

- Two-Plan County
- Regional Two-Plan
- Single Plan (Passive)
- Geographic Managed Care (GMC)

✓ The aid code determines if the applicant/beneficiary is mandatory or voluntary
Aid Code Breakdown

**Mandatory aid codes are typically assigned to:**

- CalWORKs related Medi-Cal
- Medi-Cal only with no share of cost
- Seniors and persons with Disabilities
- A child receives care through the CCS program

**Voluntary aid codes are typically assigned to:**

- Children in adoptive aid programs
- Foster care
The CA HCO Enrollment Process
Once eligibility for program enrollment is identified, mandatory Medi-Cal beneficiaries will be mailed an Intent to Assign (IA) Packet containing:

- Their health care options
- Names of affected case members
- What plans are available
- Whether or not they are required to enroll in a Managed Care Plan (MCP)

Informing Packet will contain:

- “My Medi-Cal Choice For Healthy Care” booklet
- Provider directory for each available health plan in their county
ESRs present various enrollment materials during the enrollment process that assist the beneficiary in making an informed decision.

<table>
<thead>
<tr>
<th><strong>MCP Provider Directories</strong> for each available plan, which list:</th>
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<tbody>
<tr>
<td>- Available medical providers</td>
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<tr>
<td>- Available hospitals/clinics</td>
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<tr>
<td>- Available pharmacies</td>
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<td>- Other affiliated providers</td>
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<tr>
<th><strong>Exception Forms</strong></th>
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<tr>
<td>- Informing Packet includes exception (exemption) forms in the event that beneficiary meets qualifications for exception to enrollment</td>
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<tr>
<th><strong>Choice Form</strong></th>
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<tr>
<td>- County-specific and user-friendly enrollment form</td>
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<tr>
<th><strong>Consumer Guide</strong></th>
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<td>- Provides MCP rating as determined by DHCS findings</td>
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<tr>
<th><strong>Comparison Charts</strong> for each MCP</th>
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<tr>
<td>- Lists summary of hospitals, specialists, and MCP highlights</td>
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Medi-Cal Eligibility is determined by local County social services and forwarded to MEDS

CRM downloads Mandatory eligibles from MEDS each evening. CA HCO sends IA packet to the beneficiary informing them they have **30 days** to choose an MCP

- If beneficiary makes a choice, they will be enrolled into plan of choice within **15-45 days**
- If beneficiary does not choose, CA HCO will send a reminder notice giving them **10 days** to choose a plan

If the beneficiary still does not choose, it is called a "default" and a plan is assigned by DHCS

Participant is a health plan member
Changing Plans or Providers

ESRs also provide assistance with the disenrollment process

- **Beneficiaries have the option of changing plans at any time**
  - By returning to see the ESR and completing a new Choice form to request disenrollment and enrollment into new MCP
  - By contacting the HCO Call Center at 1-800-430-4263

**NOTE:** Beneficiaries can change providers within their MCP by contacting their member services department – a Choice form is not required
The Default Population

What is a “default?” – an automatic computer assignment into a health plan due to an applicant’s failure to make a choice

- Mandatory participants who do not choose a Medi-Cal health plan within 30 days are automatically assigned a plan by the State
- Between 2009 and 2011, 1,545,249 Californians or approximately one in every four Medi-Cal recipients did not make a health plan choice

Impact of Default

- Defaults can disrupt continuity of health care services, change provider/patient relationships, and cause unintended barriers to care

![Bar chart showing the percentage of defaults by quarter and fiscal year from FY 2009 to FY 2011.](chart.png)
Community agencies can partner with the HCO program by consistently referring all Medi-Cal managed care inquiries to your local HCO site by utilizing the HCO referral process

- The HCO referral process is designed to partner with key community agencies to empower their Medi-Cal participants with the best tools and information to make an informed choice

- Who Should Refer?
  - County/Eligibility Staff
  - Community-based Organizations
  - Certified Application Assisters (CAAs)
  - Providers
  - Any agency serving the Medi-Cal population
The HCO program collaborates with recognized community partners to increase health plan choice rates and enhance enrollment satisfaction

- Statewide, our community partners are the primary source for client referrals

- ESRs currently provide approximately **40,000** educational presentations *per month* at community sites

- The HCO program provides outreach and education services to key eligibility groups and hard to reach beneficiaries with onsite HCO services, participation in health fairs, and other outreach events
Key Community Partners

HCO Program Structure

State of California
Department of Health Care Services (DHCS)

Health Care Options Program
Field Operations
Call Center
Mailhouse/Forms Processing

County
Social Services Department
CalWORKs & Medi-Cal Division
Aging & Adult Services

Community Based Organizations
Collaboratives/Coalitions
Advisory Committees

Managed Care Plans
Providers/Clinics
Hospitals
Health Centers

Local Programs
WIC
Head Start
Outreach Events/Health Fairs

CA HCO Program Overview
Utilizing the HCO Referral Process

Why Should I Refer?

- Some participants may not be aware they have been defaulted to a health plan until they encounter barriers in accessing their Medi-Cal benefits.

- HCO referral participation addresses the following concerns on behalf of your clients:
  - Enrollment/Disenrollment
  - Changing Providers
  - Expedited Disenrollment Request
  - Customer Service & Problem Resolution
  - Referrals to Partnering Programs
Who Should Be Referred?

There are two types of applicants/beneficiaries that should be referred to CA HCO

**Intake:**
- ✓ Onsite Applicants
- ✓ Newly Determined Eligibles
- ✓ Mail-in Applicants
- ✓ eApplication (online)

**Ongoing:**
- ✓ Continuing Eligibles
- ✓ Newborns
- ✓ Case Add-ons
- ✓ Temporarily Discontinued

**Note:** New applicants can enroll into an MCP while awaiting eligibility determination by county social services

**Note:** Medi-Cal beneficiaries should be referred to Health Care Options during their annual redetermination interview by Eligibility Staff
HCO Referral Methods

Community agencies can refer to the HCO program by using the HCO referral process

- Referral processes can differ from county-to-county and are tailored to flow with the County Intake process
- The primary referral method used within the HCO program is the Point-of-Entry (POE) referral process, which has been implemented statewide in all HCO operational counties due to its effectiveness

<table>
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<tr>
<th>POINT-OF-ENTRY REFERRAL TYPES</th>
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<tr>
<td>1. Verbal</td>
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<td>2. Paper-based</td>
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<td>3. Automated</td>
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A goal of the POE referral process is to contact applicants during the initial Medi-Cal application phase, which in turn minimizes the possibility of default

- Typically, applicants are referred to onsite HCO staff by designated county staff at the time of Medi-Cal application request or drop-off

- Highlights of the POE referral process
  - Easy integration to the County Intake process
  - Streamlines the HCO referral process
  - Can be used to target the Mail-in applicants
  - Cost-savings to DHCS since a choice at the point of entry reduces the amount of daily mailing of informing packet

CA HCO will maintain new applicant enrollments in the Customer Relationship Management (CRM) System for up to 120 days pending eligibility
HCO Literature & Forms

HCO Referral

IMPORTANT MEDI-CAL INFORMATION
If you are applying for Medi-Cal benefits, it is important that you receive information on how to receive your Medi-Cal benefits. You must make a choice for you and your family about how you want to receive your health care. If you do not make a choice, the State may make a choice for you.

PLEASE ASK FOR THE HEALTH CARE OPTIONS ENROLLMENT SERVICES REPRESENTATIVE AT ANY OF THE LOCATIONS LISTED BELOW. OFFICE HOURS:

Concord
Dept. of Human Services
851 Chittenden
Monday - Friday
8:30am - 12:00pm
1:00pm - 4:00pm

Hanford
Dept. of Human Services
1400 West Lacey Blvd - Building #8
Monday - Friday
8:30am - 12:00pm
1:00pm - 4:00pm

Hanford
Family Health Care Network
329 W. 6th. Street #101
Mon.
8:00
1:00

Your Eligibility W
please call Health way Medi-Cal resi also return to this
-----------
H
CASE NAME___
ADDRESS___
TELEPHONE ___
CLIENT WAITING
COMMENTS ___

HCO Brochure

Health Care Options
For Healthy Care

All mandatory participants: If you are approved to receive Medi-Cal, you will receive a packet in the mail. The packet will have information on the health plans you may choose at your county. Inside the packet you will find a Medi-Cal Choice Form. You must complete the Medi-Cal Choice Form and make a health plan choice. If you do not choose a health plan, one will be chosen for you.

All voluntary participants: If you choose to join a health plan at no-cost to you, or keep your Medi-Cal. If you do not choose a health plan, you will remain in regular Medi-Cal.

Please call one of the numbers below if you are not sure if you are a mandatory or voluntary participant:

If you have any questions about your Medi-Cal health plan choices, please call Health Care Options:

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Call now to find a location near you where this information can be explained and where you can receive help with completing your Medi-Cal Choice Form.

CA HCO Program Overview
HCO Program Delivery System
HCO Program Delivery Highlights

System Delivery

❖ Multi-channel approach
  ○ Customer Service Portal (website)
    ✓ Self-service options
    ✓ Provider Information Network (PIN)
    ✓ Plan information
    ✓ Downloadable enrollment forms
  ○ Telephone Interactive Voice Response (IVR) System with self-service options
  ○ Telephone enrollment
  ○ Continued mail and fax support
HCO Website

- How to navigate Medi-Cal managed care system
- County specific presentation schedules
- Enrollment forms
- Provider Information Network (PIN)
- Information available in Spanish

www.healthcareoptions.dhcs.ca.gov
The Goal of HCO

*It’s All About Choice!*

- A critical goal for DHCS and the HCO program is to improve the enrollment choice rate by increasing contact with participants.

- The CA HCO program delivery system provides an ideal method to increase informed beneficiary choice while reducing the statewide default rate.

- Expanded community partnerships and enhanced relationships with local CBOs create new opportunities to reach our target groups.
What you should know

- HCO is a State funded program providing Medi-Cal Managed Care education and enrollment
- Defaults can be prevented through consistent utilization of the HCO referral process
- The Point-of-Entry referral process is the most effective method of referring applicants to onsite CA HCO staff
- The HCO program provides free, unbiased, and language specific services at County offices and CBO locations throughout the State
- State and local community partnerships are vital to the success of the HCO program
- The HCO program is an innovative and technology based service delivery system
Handouts

- **County Specific HCO Presentation Schedule**
  - Locations, dates, times, and languages for HCO Presentation Sites

- **Aid Code Quick Reference Guide**
  - Aid code list outlines mandatory and voluntary enrollment aid codes

- **HCO Referral Form**
  - Refer any client with Medi-Cal Managed Care inquiries, no appointment is necessary

- **HCO Brochure**
  - Provides HCO contact information for our community partners
What Questions Do You Have?

- Open Forum