

AB 1296 Eligibility Expansion Workgroup
May 10, 2012
Health Plan Selection—Consumer's Point of View

- Bobbie Wunsch (Pacific Consulting Group), the workgroup meeting facilitator, welcomed everyone to the meeting, introduced the goals of the workgroup session, and facilitated introductions. See attached list of meeting attendees/represented organizations.
 - The schedule of meetings is being modified slightly to accommodate the Exchange Board meeting on May 22nd. The AB1296 workgroup meeting on Presumptive Eligibility will be rescheduled.
- Ryna Stephenson from DHCS, Medi-Cal Managed Care Division, gave a [presentation](#) on the current Health Care Options (HCO) program in relation to what Medi-Cal beneficiaries are required to do to choose a health plan. The HCO program provides help in the consumer's language and gives the health plan options in the form of a Medi-Cal choice booklet. The booklet contains quality measure information to facilitate the consumer's health plan choice. To assist in plan selection, individuals can also attend trainings onsite at specified county welfare social services locations noted within the Medi-Cal choice booklet. If the beneficiary does not make a plan selection within 30 days, the HCO program will default assign the individual to a health plan.
 - Advocates had questions regarding the auto assignment algorithm. The auto assignment algorithm is based on the Healthcare Effectiveness Data and Information Set (HEDIS) measures and the use of safety net providers as component of the plan's provider network. Six measures are HEDIS and the other two measures relate to the extent to which health plans contract/utilize safety net providers.
 - Advocates requested statistics on the following:
 - The percentage of applicants who visit the county offices and see an Enrollment Services Representative (ESR).
Response: The HCO Program doesn't have access to the number of applicants that visit the county office and apply for Medi-Cal. The average number of applicants/beneficiaries that the ESRs provide assistance to each month is 24,717.

- The percentage of beneficiaries who call into the HCO Program call center and enroll over the phone.
Response: Average of 12% over the last year
- When the HCO Program calls a beneficiary, the percentage of beneficiaries it is able to reach.
Response: Average of 23% over the last year
- Advocates expressed a desire to ensure that consumers were placed in the best possible health plan based on the beneficiary's comfort level and specific health needs.
- Advocates requested that quality measures be discussed as part of the stakeholder process given concern that consumers may be automatically enrolled in under-performing plans. Consumer advocates also asked to be included in any future discussions on health plan quality measures.
- Sarah Soto-Taylor from MRMIB presented the Healthy Families Health Plan Selection process. The Healthy Families Program handbook is available online and is provided at the time of application. The Healthy Families Program handbook contains health plan information and instructions to facilitate health plan selection. The handbook also has information about how the Healthy Families program works, how to obtain assistance and information about the availability of the Community Provider Plan (CPP).
 - The handbook is reviewed on a regular basis and is sent out in different languages. MRMIB uses focus groups and an advisory committee to review the handbook. Provider directories are updated quarterly.
 - Eligibility determinations using the joint and online applications were discussed
 - Advocates requested statistics on the percentage of defaults to CPP and raised the issue of how initial premiums are paid when the consumer is defaulted to a CPP.
 - There was discussion surrounding premium payments and capitation fees paid on behalf of beneficiaries that do not pay their premiums.
 - Advocates questioned whether individuals could search the website for providers during open enrollment, including specialists. Advocates suggested that the search results should reflect whether new patients are being accepted by the physician.
 - Advocates mentioned the need for quality customer service.

- Ted Von Glahn, Pacific Group on Health, [presented](#) preliminary findings on the group's research done to guide consumer decision-making of health plans offered by the Exchange. The presentation consisted of different features intended to help the consumer make the "right" decision, define deductibles and premiums and explain the complexities of deductibles and maximum out-of-pocket costs.
 - Advocates expressed interest in working with Pacific Group on Health on further research and provide access to other cultures and languages that could be beneficial. Several organizations volunteered to assist in obtaining participants.
- Terry Shaw from UX2014 [presented](#) the project's health plan selection module.
- Lynn Kersey with [Maternal and Child Health Access](#) and Betsy Imholz with [Consumers Union](#) presented on consumers' choice on health plan selection.
 - Some suggestions from advocates included personalized provider directories, safeguards against incentivizing health plan choice, staff availability for questions in multiple languages, detailed provider information and fewer choices to prevent choice overload.
- Elizabeth Landsberg, Western Center Law and Poverty, [presented](#) recommendations from consumer advocates. Topics covered included
 - information needed to make an informed health plan choice
 - ability to choose a health plan without steering immediately after the eligibility determination
 - need for consumer support by phone, in-person and online in the consumer's language and the ability to change health plans in the future.
 - Discussion on transitions between programs. Public programs eligibility means increase in general fund expenditures and private insurance eligibility may have unintended financial consequences. Consumers must be informed of the consequences of their choice. Rene Mollow with DHCS explained the difficulty in how to operationalize transitions between public programs and Exchange eligibility.

- Bobbie Wunsch briefly summarized the day's discussions, presented next steps and adjourned the meeting shortly after 2:00 pm.