

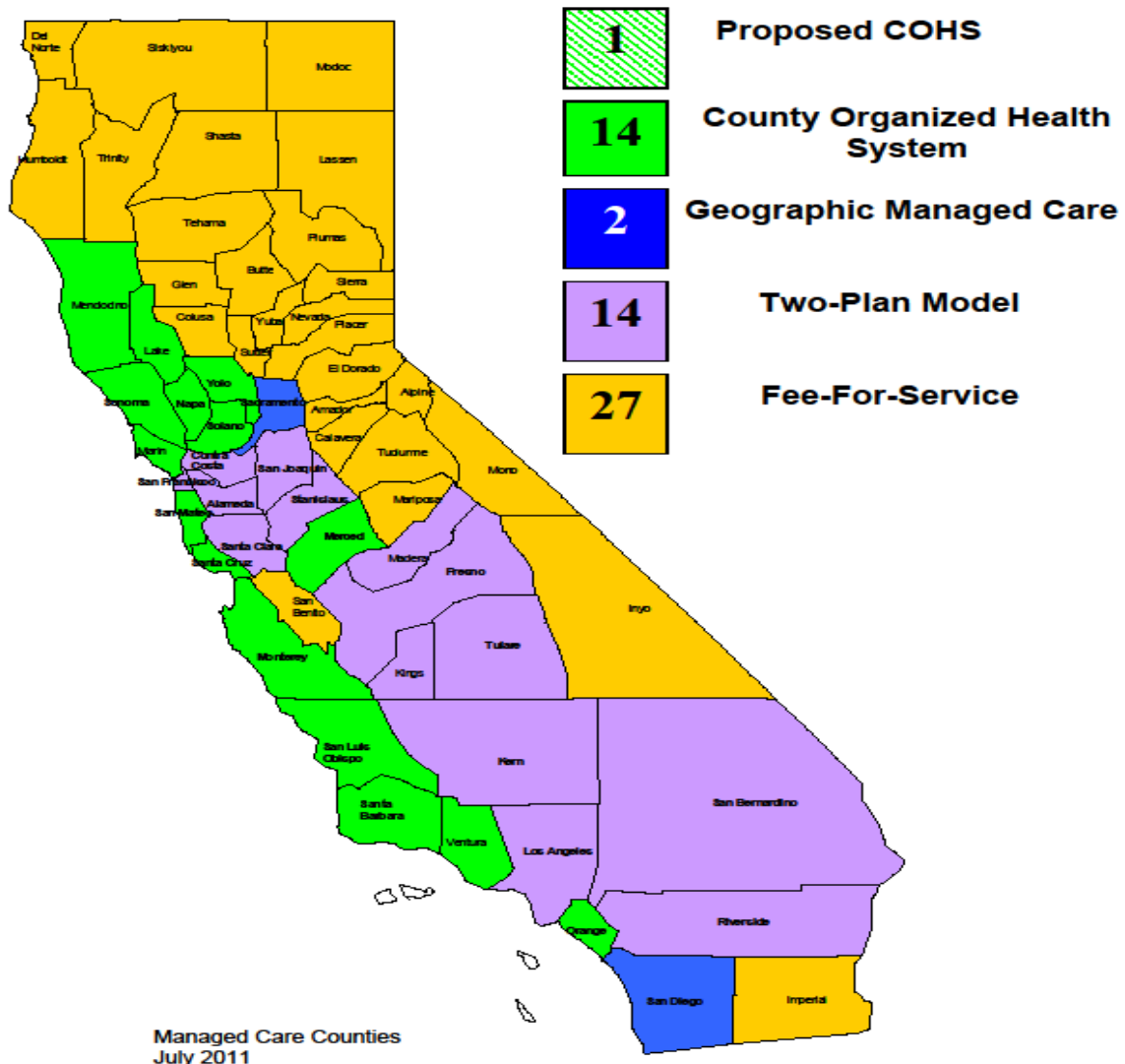
Health Care Options (HCO) Program Health Plan Selection

Presented by
Ryna Stephenson
May 10, 2012

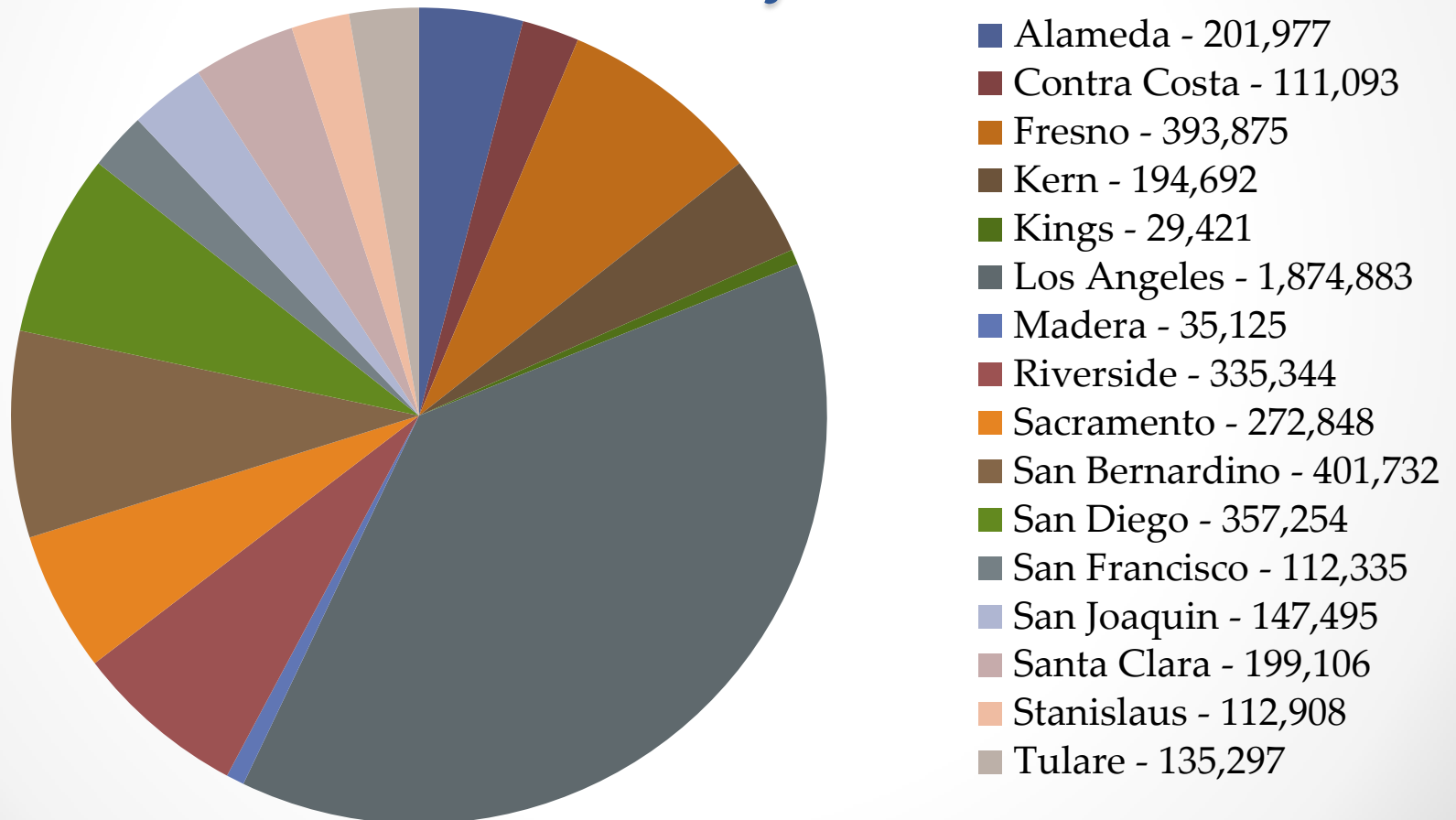
History of the HCO Program

- July 1965, the Medicaid program was added to the federal Social Security Act under Title XIX.
- March 1966, California's Medicaid program, known as "Medi-Cal", went into operation.
- The Health Care Options Program was established in 1992 to provide informing and enrollment assistance to Medi-Cal Managed Care beneficiaries.

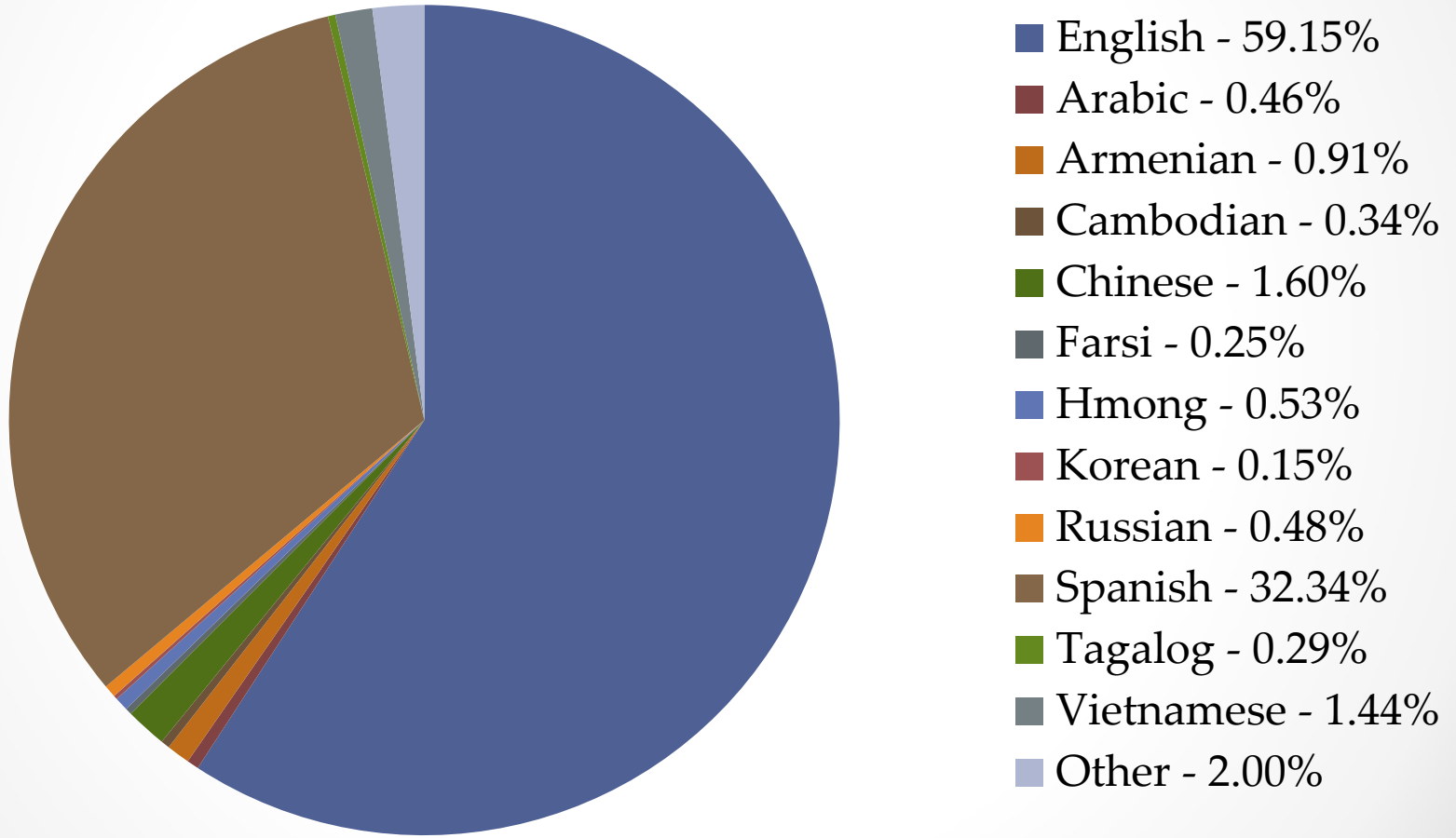
Medi-Cal Managed Care County Map



Two-Plan and GMC Managed Care County - Beneficiary Population by County



Mandatory Beneficiary Language Percentages in MEDS



Once Eligibility has been determined, a Medi-Cal Eligibility Data System (MEDS) file is sent to HCO's Enrollment Broker Contractor to process.

Guiding Regulations

California Code of Regulations

- **Title 22 Social Security – Two-Plan § 53800 through 53898**
- **Title 22 Social Security – GMC § 53900 through 53928**

Code of Federal Regulations

- **Title 42 § 438 – Managed Care**

The Health Plan Enrollment (HPE) system determines the type of Informing Booklet mailed to the Beneficiary.

The HPE programming considers:

- **What county the beneficiary lives in;**
- **What the beneficiary's aid code is; and**
- **What language is in MEDS.**

Beneficiary History is Stored in the HPE

The HPE contains the histories of beneficiaries' experiences with the HCO Program since approximately 2002.

- All calls are 100% recorded;
- Beneficiary interactions with CSRs and ESRs are noted; and
- Enrollment/disenrollment history is stored.

My Medi-Cal Choice Booklet sent to new eligibles.

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Health Care Options, P.O. Box 989009
West Sacramento, CA 95798-9850

RETURN SERVICES REQUESTED
To the addressee or guardian of:

JOHN SAMPLE
123 SAMPLE STREET
SAMPLE CITY, CA 99999



0111812P-000001-19-7-D-B



I-11111112E-01/12/12



Health Care Options
www.healthcareoptions.dhcs.ca.gov

See Blue Pages for Providers Near You

I

ENGLISH
1-800-430-4263
Written materials are available

العربية
ARABIC
1-800-576-6881
تتوفر مطبوعات مكتوبة

ՀԱՅԵՐԵՆ
ARMENIAN
1-800-840-5032
Գրավոր նյութեր գտնարկում ենք

ខ្មែរ
CAMBODIAN
1-800-430-5005
ឯកសារសរុបមានជាភាសាខ្មែរ

粵語
CANTONESE
1-800-430-6006
可以提供書面材料

فارسی
FARSI
1-800-840-5034
مطالب به زبان های زیر موجود است:

HMOOB
HMONG
1-800-430-2022
Cov los tus nra lian xavaj los meaj duab

한국어
KOREAN
1-800-576-6883
시민자료의 이용이 가능합니다

國語
MANDARIN
1-800-576-6885

Русский
RUSSIAN
1-800-430-7007
Доступны материалы в письменном виде

ESPAÑOL
SPANISH
1-800-430-3003
Se dispone de material escrito.

TAGALOG
TAGALOG
1-800-576-6890
May mga nakasulat na materyales

Tiếng Việt
VIETNAMESE
1-800-430-8008
Có các tài liệu dưới dạng văn bản

TDD/TTY
1-800-430-7077

The Beneficiary is provided 30 calendar days to make a health plan choice, and may:

- Visit an HCO Program presentation site in their county and speak with an Enrollment Services Representative (ESR);
- Call the HCO Program's toll-free call center and speak with a Customer Services Representative (CSR); or
- Complete and mail in the Choice Form in the postage paid envelope provided in the booklet.

The *My Medi-Cal Choice* booklet contains information to assist the Beneficiary in making a health plan choice.

The *My Medi-Cal Choice* Packet

contains:

- **Comparison Chart** – showing the plans available in the Beneficiary's county;
- **Consumer Guide** – showing how the plans compare on quality of care for children and adults;
- **Special Services page** for PACE, SCAN, AIDS;
- **Presentation schedule** – showing when and where beneficiaries can obtain face-to-face assistance from an ESR;
- **Various pages** explaining managed care and how to choose a plan;
- **Health Information Form** – to assist plans with determining a beneficiary's health status and need for care;
- **How to file a complaint and/or grievance** with the health plan;
- **How to contact the Ombudsman's office** for assistance;
- **How to get an exemption** from plan enrollment; and
- **Provider Directory**

Consumer Guide- Children

This is what the symbols mean:

higher = Scored **higher than the average** for Medi-Cal plans in California.

lower = Scored **lower than the average** for Medi-Cal plans in California.

average = Scored **about the same as the average** for Medi-Cal plans in California.

no results = Too few Medi-Cal plan members to report OR results were not available.

How Medi-Cal plans compare on quality of care for children

This information comes from two sources. The State of California did a survey* to ask people in Medi-Cal about the quality of care and service they were getting from their health plan. Medi-Cal also collected information from each plan to see how many people in the plan got the care and services they needed when they needed them.

	Alameda Alliance for Health	Anthem Blue Cross Partnership
Getting needed care Children got the care they needed without problems.	average	average
Getting care quickly Children got appointments and treatment without long waits.	average	higher
How well doctors communicate Doctors listened carefully, gave good explanations, and showed respect.	average	higher
Shared decision making Doctors talked with parents about treatment choices for the child and asked which was best for the child.	average	average
Plan customer service Parents got the help they needed from plan customer service and plan written material.	average	average
Vaccines (shots) for children Children got all of the vaccines (shots) they were supposed to have to prevent illness.	average	lower
Check-ups for teenagers Teenagers got all of the check-ups they were supposed to have.	lower	lower
Care for children with colds and flu Children with colds and flu got the right kinds of treatment.	higher	higher

Consumer Guide- Adult

This is what the symbols mean:

higher = Scored **higher than the average** for Medi-Cal plans in California.

lower = Scored **lower than the average** for Medi-Cal plans in California.

average = Scored **about the same as the average** for Medi-Cal plans in California.

no results = Too few Medi-Cal plan members to report OR results were not available.

How Medi-Cal plans compare on quality of care for adults

This information comes from two sources. The State of California did a survey* to ask people in Medi-Cal about the quality of care and service they were getting from their health plan. Medi-Cal also collected information from each plan to see how many people in the plan got the care and services they needed when they needed them.

	Alameda Alliance for Health	Anthem Blue Cross Partnership
Getting needed care People got the care they needed without problems.	average	average
Getting care quickly People got appointments and treatment without long waits.	average	average
How well doctors communicate Doctors listened carefully, gave good explanations, and showed respect.	average	average
Shared decision making Doctors talked with patient about treatment choices and asked which was best for the patient.	average	higher
Plan customer service People got the help they needed from plan customer service and plan written materials.	average	average
Pregnancy care Pregnant women got regular check-ups before their baby was born.	lower	lower
Care after childbirth New mothers got regular check-ups after their baby was born.	lower	lower
Care for adults with bronchitis Adults with bronchitis got the right kinds of treatment.	average	average

Consumer Guide- Children

Quality Measures

- Getting needed care
- Getting care quickly
- How well doctors communicate
- Shared decision making
- Plan customer service
- Vaccines (shots) for children
- Check-ups for teenagers
- Care for children with colds and flu

Consumer Guide- Adult

Quality Measures

- Getting needed care
- Getting care quickly
- How well doctors communicate
- Shared decision making
- Plan customer service
- Pregnancy care
- Care after childbirth
- Care for adults with bronchitis

Average Annual Mailing

The HCO Program mails informing materials to mandatory and voluntary beneficiaries.

- *My Medi-Cal Choice* Packets – 1,440,000
- Informing Letters – 5,760,000

If a mandatory Beneficiary does not make a plan choice within 20 calendar days of the informing packet mailing, a Reminder Letter is mailed.

If the Beneficiary doesn't make a plan selection within 30 calendar days of receiving the informing packet, the HCO Program will assign them to a health plan.

Auto Assignment Algorithm

- Performance-based Auto Assignment Incentive Program was implemented in December 2005.
- This program rewards better performing plans in the Two Plan and GMC delivery models.
- An assessment of comparative plan performance on eight performance measures is completed.
- Six measures are Healthcare Effectiveness Data and Information Set (HEDIS®) measures related to the quality, access and timeliness of care provided by plans to Medi-Cal managed care plan members.
- The other two measures relate to plans' continued commitment to safety net providers in their contracted networks.

County	Auto Assignment Defaults 2011
Alameda	Alameda Alliance for Health.....58% Anthem Blue Cross.....42%
Contra Costa	Contra Costa Health Plan.....100%
Fresno	Anthem Blue Cross.....40% CalViva.....60%
Kern	Kern Family Health Care44% Health Net Community Solutions.....56%
Kings	Anthem Blue Cross.....40% CalViva.....60%
Los Angeles	L.A. Care Health Plan.....73% Health Net Community Solutions.....27% ²²

County	Auto Assignment Defaults 2011
Madera	Anthem Blue Cross.....40% CalViva.....60%
Riverside	Inland Empire Health Plan..... 70% Molina Healthcare of CA.....30%
San Bernardino	Inland Empire Health Plan.....75% Molina Healthcare of CA.....25%
San Francisco	San Francisco Health Plan.....79% Anthem Blue Cross.....21%
San Joaquin	Health Plan of San Joaquin.....44% Anthem Blue Cross.....56%
Santa Clara	Santa Clara Family Health Plan.....72% Anthem Blue Cross.....28%

County

Auto Assignment Defaults 2011

San Joaquin	Anthem Blue Cross.....	31%
	Health Net Community Solutions.....	69%
Tulare	Anthem Blue Cross.....	8%
	Health Net Community Solutions.....	92%
GMC Sacramento	Anthem Blue Cross.....	16%
	Health Net Community Solutions.....	28%
	Kaiser Permanente: North.....	26%
	Molina Healthcare of CA.....	30%
GMC San Diego	Care 1 st	30%
	Community Health Group.....	12%
	Health Net Community Solutions.....	19%
	Kaiser Permanente: South.....	23%
	Molina Healthcare of CA.....	16%

Note: For Fresno, Kings, and Madera county Year 6, the rates shown were effective as of 10-2-11.

Once the Beneficiary either makes a plan selection, or they are assigned to a plan, the HCO enrollment broker mails them a Confirmation Letter with information on the plan selection and the date they can begin seeing a doctor in the plan.

Improvements From the Last HCO Program Contract

- **State-of-the-Art technology solution for a Health Plan Enrollment system**
- **Telephone Call Center utilizing a Customer Relationship Management (CRM) model**
- **Provider Information Network**
- **Personalized Provider Directory**
- **Customer Service Portal**
- **Integrated Voice Recognition**
- **Predictive Dialer System**
- **Connectivity to the HPE at ESR sites**

Health Care Options Customer Service Portal (CSP)

Welcome to Medi-Cal Managed Care Health Care Options - Windows Internet Explorer

http://www.healthcareoptions.dhcs.ca.gov/HCOCS/Default.aspx

File Edit View Favorites Tools Help

★ Favorites Welcome to Medi-Cal Managed Care Health Care Opti...



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QUICK LINKS

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- Frequently Asked Questions
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- Contact Us
- Medi-Cal
- Medi-Cal Managed Care Division (MMCD)

en español



This program is administered by the Department of

Welcome to Medi-Cal Managed Care Health Care Options

MISSION

The mission of the Department of Health Care Services (DHCS) is to preserve and improve the health status of all Californians.

In support of this mission, the Medi-Cal Managed Care Division (MMCD) administers, monitors and provides oversight of the contracts for the Medi-Cal program. The Health Care Options Branch provides beneficiaries with resources to make informed choices about Medi-Cal benefits.

Health Care Options main functions are to coordinate activities in the managed care counties that include outreach and education in Social Service and Community-Based Organization locations; oversight of informing materials mailed to beneficiaries; monitor and evaluate the Contractor's operations and systems.



Hot Topics and the Latest News

- [Provider Information Network \(PIN\) - Is Now Available](#)
- [Seniors & Persons with Disabilities \(SPD\)](#)



Enrollment Services Representative

- **Enrollment Service Representatives (ESR) are available at 99 sites throughout the 16 Two-Plan and GMC managed care counties to provide face-to-face assistance in making a health plan choice.**
- **ESRs assist beneficiaries with completing the Choice Form.**
- **ESRs assist beneficiaries with the PIN to determine if their current doctor is in an available plan.**

ESR Sites by County

County

Language & # of Sites

- Alameda
- Contra Costa
- Fresno
- Kern
- Kings
- Los Angeles
- Madera
- Riverside
- Cantonese – 1 Spanish – 5
- Spanish – 4
- Hmong – 1 Spanish – 8
- Spanish – 7
- Spanish – 4
- Armenian – 2 Cambodian – 1
Cantonese – 2 Mandarin – 2
Spanish – 29 Vietnamese – 2
- Spanish – 3
- Spanish – 11

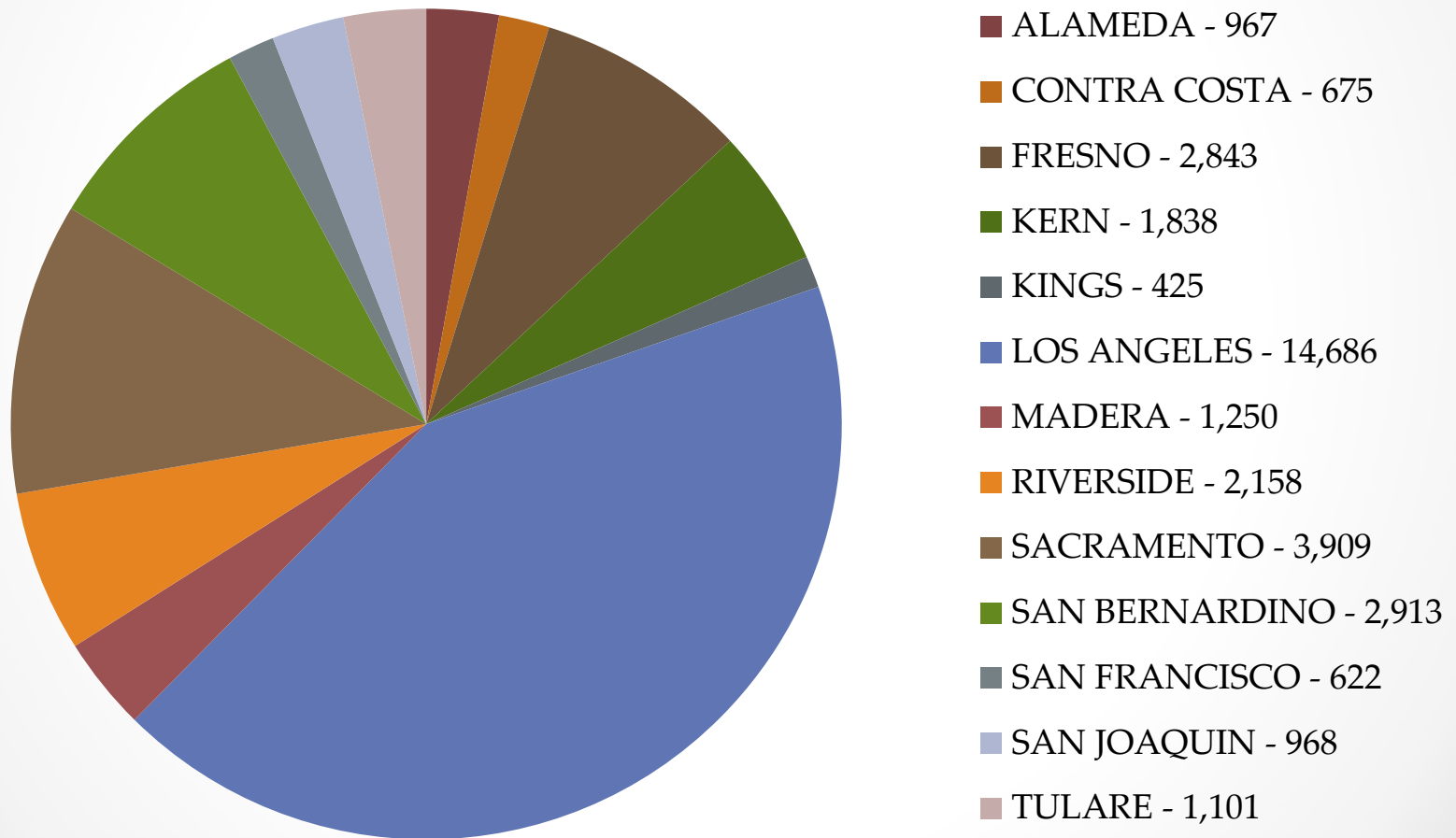
ESR Sites by County (cont.)

County

Language & # of Sites

- Sacramento
 - Hmong – 2 Russian – 3
 - Spanish – 3 Vietnamese - 1
- San Bernardino
 - Spanish – 11
- San Diego
 - Managed by Healthy San Diego
- San Francisco
 - Cantonese – 2 Spanish – 2
- San Joaquin
 - Spanish – 3
- Santa Clara
 - Spanish – 3 Vietnamese – 1
- Stanislaus
 - Spanish – 4
- Tulare
 - Spanish - 5

Average Monthly ESR Presentations



Telephone Call Center

The Integrated Voice Recognition (IVR) system allows the beneficiary to listen to information to assist them with their health plan selection.

Customer Service Representatives (CSR) are available from 8:00 AM to 5:00 PM to assist beneficiaries with questions.

Telephone Call Center

- CSRs handle approximately 400,000 inbound and outbound telephone calls per month.
- CSRs provide telephone enrollment services to beneficiaries who wish to make a choice over the telephone.
- CSRs call beneficiaries whose Choice Forms are returned with incomplete information.
- CSRs call every mandatory beneficiary who was mailed an informing packet to assist them with health plan selection to avoid auto assignment.

Percentage of Beneficiary Calls by Language

