

TRANSITION OF HFP SUBSCRIBERS TO MEDI-CAL

Draft Transition Plan

MEMBER NOTICES

- HFP Call Center Script
- General Subscriber Notice (Law change to HFP; Changes coming in 2013 affecting ALL families; More info to follow)
- 90 day notice – ALL PHASES
- 60 day notice – ALL PHASES
- 30 day notice – ALL PHASES
- All notices include public/stakeholder input, CMS review/approval, modification by the Center for Health Literacy, translations
- Inform public re transition plan/schedule & include copies of ALL notices
 - HFP health, dental & vision plans
 - MRMIB website
 - MRMIB board meetings
 - IVR/PSA
 - CAA/EE Newsletter
 - CAA News Blast
 - Advocates (HFP Quarterly Meeting Attendees)
 - HFP Advisory Panel
 - Radio Bilingue Interview/PSA
 - Call Center Scripps

PLAN COORDINATION (Health, Dental & Vision)

- MRMIB & DHCS to begin “joint and coordinated” meetings with the Health, Dental and Vision Plans.
- Health Plan Network Analysis – Need health plans to assess network overlap “and” whether the providers in the Medi-Cal plan contracts are accepting patients. Some providers/provider groups establish enrollment caps. If there is an enrollment cap and they have or are close to reaching capacity, will the provider/provider group make an exception to continue serving these children at a lower rate?
- DENTAL ISSUES – Need to develop process with Maximus to transition Sacramento & Los Angeles County HFP children (within each phase) to the companion Medi-Cal dental plan. As with health plan network analysis, assess whether there are enrollment caps by dental group and if yes, provide information to MRMIB/DHCS.
- Dental Plan Network Analysis – For all other instances where there is no dental plan companion, provide DHCS with listing of dentist serving HFP children. As with health plan network analysis, assess whether there are enrollment caps by dental group and if yes, provide information to MRMIB/DHCS.

- VISION ISSUES – Need listing of vision providers so that DHCS can assess overlap and reach out to those providers not enrolled with them as well as to share with Medi-Cal Health Plans.

ADMINISTRATIVE VENDOR CHANGES

- Draft Letter Of Instruction to Maximus re transition phases and all the nuances such as which children to move over and when; secondary assessment on the dental plan overlap in Sacramento & Los Angeles county only;
- At the same time of transition, Maximus will be creating the Medi-Cal systems, i.e. financial to charge premiums only to those above 150% FPL and a fixed amount per child per month.
- Need to develop a plan to address anticipated increase in call volume due to transition; phase I will impact an estimated 208,000+ families many of whom will call just to confirm; this is a volume in addition to ongoing billing calls, and annual eligibility reviews.
- Need system changes to Health-eApp – Remove HFP name/logo, system logic to reflect the new income limits and the calculation results.
- For every child transition, Maximus will have to process 7 transactions to update MEDS, the health plan, dental plan and vision plan. This is a high volume of IT work at one time for the vendor as well as all the plans. This also poses a risk to members if a “glitche” occurs that was not discovered with system testing of the MEDS transactions, i.e. the member may not show up as eligible in MEDS.

OUTSTANDING POLICY ISSUES

- HFP Premiums (4th month free). Families with income greater than 150% FPL that transition to Medi-Cal in the month that they would have had free month will now be charged for that month under Medi-Cal. Working with DHCS on solution to accept the free month earned.

RECOMMENDED TRANSITION

- Transition of Phase I – 415,000 children no sooner than January 1, 2013; Due to volume of children and potential for “glitches on MEDS”, volume of transactions for each health, dental and vision plan, and excessive calls, recommend transition of these children as follows:
 - 138,000 in the month of January
 - 138,000 in the month of February
 - 138,000 in the month of March
- Transition Phase II – 249,000 children no sooner than April 1, 2013; recommend
 - 124,500 in the month of April
 - 124,500 in the month of May
- Transition Phase III – 173,000 children no sooner than August 1, 2013; recommend
 - 86,500 in the month of August
 - 86,500 in the month of September
- Transition Phase IV – 43,000 children no sooner than September 1, 2013

2012/13 State Budget News and Open Enrollment Call Center Scripts

<Insert greeting and call verification>

Question: I heard that the Healthy Families Program is being eliminated. My child is uninsured, should I still apply?

The final 2012/13 State budget includes moving children enrolled in the Healthy Families Program into the Medi-Cal Program. The children will be transitioned to Medi-Cal over the course of one year starting no sooner than January 2013. All benefits would be very similar to the Healthy Families Program. The Medi-Cal program offers medical, dental, and vision coverage to low-income children.

If your child needs health care coverage now we encourage you to apply. The Healthy Families Program is open for new enrollment and eligible children continue to be enrolled in the Healthy Families Program. We encourage you to submit your application. <insert how to apply; mail-in, HeApp, phone, CAA, etc.>

Is there anything else I can help you with?

Thank you for calling the Healthy Families Program.

<Insert greeting and call verification>

Question: I heard that the Healthy Families Program is being eliminated. What does this mean for my child enrolled in Healthy Families?

The final 2012/13 State budget includes moving children enrolled in the Healthy Families Program into the Medi-Cal Program. The children will be transitioned to Medi-Cal over the course of one year starting no sooner than January 2013. All benefits would be very similar to the Healthy Families Program. The Medi-Cal program offers medical, dental, and vision coverage to low-income children.

The Healthy Families Program will send you multiple letters about changes to the program and you should receive the first letter within 90 days. The letters will explain the program changes, when the transition process will happen for your child and anything you need to do. Until you receive these notices, continue to make your monthly premium payments to continue coverage in the Healthy Families Program.

Is there anything else I can help you with?

Thank you for calling the Healthy Families Program.

<Insert greeting and call verification>

Question: Who can I call to complain about the elimination of the Healthy Families Program?

If you have any concerns regarding the elimination of the Healthy Families Program that was approved in the 2012/13 State Budget, you can contact your state elected officials to voice your opinion.

Is there anything else I can help you with? Thank you for calling the Healthy Families Program.

Open Enrollment Scripts 2012

What is Open Enrollment and will it take place this year?

<Insert greeting and call verification> Healthy Families Open Enrollment is when you can change your child's plans for any reason once a year.

There will not be an Open Enrollment this year. Some families where their current plans are no longer available as of October 1st, 2012 will be sent a transfer packet by mail to choose their new plan(s).

However, effective July 1st 2012, families can now request plan changes at any time during your child's enrollment in Healthy Families. Is there anything I can help you with? <Insert closure>

I received a Transfer Packet. Can I make the changes over the telephone?

<Insert greeting and call verification> Yes, I can take this information over the phone. *(Confirm and update address to make sure applicant did not move.)* The available plans in your area are <insert health, dental, and vision>. *(If applicant provides plan selection over the phone, make sure that new plan is available in the zip code area.)* I have submitted your request for the following plans to be updated <repeat plan choices> *(Complete work request to CC consolidated, update call notes)* **Do not** use the new plans yet. HFP will send you a letter telling you when coverage with the new plans begins. The plan transfer will take effect on October 1st. <Insert closure>

Why am I forced to choose a new plan?

<Insert greeting and call verification> The plan(s) your child is currently enrolled in is no longer available on October 1st. We give you the opportunity to choose another available plan as listed in your transfer packet. If you don't choose another plan, Healthy Families will choose one for your child. <Insert closure>

I did not receive a Transfer Packet and would like to request a packet to change my plans.

<Insert greeting and call verification> Effective July 1st 2012, families can now request plan changes at any time during your child's enrollment in Healthy Families. I can take this information over the phone. *(Confirm and update address to make sure applicant did not move.)* The available plans in your area are <insert health, dental, and vision>. *(If applicant provides plan selection over the phone, make sure that new plan is available in the zip code area.)* I have submitted your request for the following plans to be updated <repeat plan choices> *(Complete work request to CC consolidated, update call notes.)* **Do not** use the new plans yet. HFP will send you a letter telling you when coverage with the new plan begins. The plan transfer can take up to 40 days. Is there anything I can help you with? <Insert closure>

I saw on the website that I can make a plan change at any time? Is the correct?

<Insert greeting and call verification> Yes, effective July 1st 2012, families can now request plan changes at any time during your child's enrollment in Healthy Families. I can take this information over the phone. *(Confirm and update address to make sure applicant did not move.)* The available plans in your area are <insert health, dental, and vision>. *(If applicant provides plan selection over the phone, make sure that new plan is available in the zip code area.)* I have submitted your request for the following plans to be updated <repeat plan choices> *(Complete work request to CC consolidated, update call notes.)* **Do not** use the new plans yet. HFP will send you a letter telling you when coverage with the new plan begins. This transfer can take up to 40 days. Is there anything I can help you with? <Insert closure>

Can I change only one of my children's plans?

<Insert greeting and call verification> No, you must have the same plans for all the children enrolled in Healthy Families unless a child is away at school. Is there anything else I can help you with? <Insert closure>

HFP Transition Timeline - NOTICES

Year	2012																				
	Q2 - 2012			Q3 - 2012			Q4 - 2012														
	Jun	Jul	Aug	Sep	Oct	Nov	Dec														
Quarter	Jun			Jul			Aug			Sep			Oct			Nov			Dec		
Month	Jun			Jul			Aug			Sep			Oct			Nov			Dec		
Week	WK1	WK2	WK3	WK4	WK1	WK2	WK3	WK4	WK1	WK2	WK3	WK4	WK1	WK2	WK3	WK4	WK1	WK2	WK3	WK4	
Event: Proposed 1st Group 1/2013																					
HFP TRANSITION:																					
General Notices																					
Notice: 90 days																					
Notice: 60 days																					
Notice: 30 days																					
Notice: 15 days																					
TERM DATE FOR HFP / Transition Phase 1																					
Disenrolled HFP																					
OPEN ENROLLMENT NOTICES (OE): ¹																					
July OE Insert Mailing (HF LT 083)						15th															
August OE Insert Mailing (HF LT 083)								15th													
OE Packet Mailing						19th															
OE Reminder Postcard Mailing (All Languages)								19th													
									15th												
ANNUAL ELIGIBILITY REVIEW (AER):																					
September AER Notice																					
September AER Postcard Reminder																					
October AER Notice																					
October AER Postcard Reminder																					
November AER Notice																					
November AER Postcard Reminder																					
BILLING STATEMENTS:																					
October Invoice Mailing																					
November Invoice Mailing																					
December Invoice Mailing																					

1. OE Period 8/15/12 - 9/30/12 - Transfers Effective 10/1/12 (12 Month Benefit Year)
2. AER and Reminders are mailed daily throughout the month, coinciding with the actual anniversary date.

TRANSITION OF HFP SUBSCRIBERS TO MEDI-CAL
Draft Transition Plan

What we need to tell Families:

	HFP NOTICES				Medi-Cal Notice
	General Notice	90 Days Advance	60 Days Advance	30 Days Advance	
Law Change to HFP					
Children will be moved to Medi-Cal in 2013					
This will take us throughout most of the year to accomplish					
Families must continue to pay their premium while in HFP					
We will send 3 notices (30, 60 & 90 days in advance) to families regarding the change with more info each time					
Children will be moved in 4 different phases to minimize changes to their children's doctor					
Most families will pay less or no premiums after they have transition to Medi-Cal					
All benefits they receive in HFP are provided in Medi-Cal					
Fewer co-pays					
Families will need to know how opportunities and process in					

Medi-Cal for health plan choice, physician availability and continuity of care							
Families will no longer have a vision plan however they will get these services (exams/eyeglasses) through their health plan							
All Mental health services will be provided by the County Mental Health Departments							
Dental services provided by dentist enrolled with Medi-Cal except in Sacramento & Los Angeles Counties							

Family Member Number: FMN

DATE

HOH_NAME
ADDR_LINE_1
ADDR_LINE_2
CITY, STATE ZIP



Dear Applicant:

This letter has important information your family needs to know about your child's Healthy Families coverage! Major changes will occur to the Healthy Families Program as a result of the 2012/2013 State Budget. All children enrolled in the Healthy Families Program will eventually be enrolled in the Medi-Cal Program. Children will move to Medi-Cal in four phases over a one year time period. The first group will move to Medi-Cal no sooner than January 1, 2013. Your child will not lose his or her health, dental and vision coverage. Medi-Cal provides the same if not more benefits through Medi-Cal health plans and doctors.

Next Steps

Healthy Families will send you at least three more letters about the move. The Healthy Families letters will tell you when your child will move to Medi-Cal and any other information you need to know.

Nothing is Happening Right Away, So Continue to Make Your Healthy Families Monthly Premium Payments

Continue to pay your monthly premiums to keep your child enrolled in the Healthy Families Program. If you do not make premium payments in full for two months in a row, your child will be disenrolled from the Healthy Families Program and may need to re-apply for health coverage. If you pay your premiums through electronic fund transfers or through an automatic credit card payment, Healthy Families will discontinue those payments when your child is disenrolled from Healthy Families and enrolled into Medi-Cal. A confirming notice will be sent to you.

What you have to do

There is nothing that you must do. Please remember to:

- Pay your premiums;
- Respond to your Annual Eligibility Review; and
- Notify the Healthy Families Program of an address change.

Questions?

If you have more questions about Healthy Families, call 1-866-848-9166, Monday to Friday, 8 a.m. to 8 p.m., or on Saturday, 8 a.m. to 5 p.m. The call is free. Please read the Frequently Asked Questions on the next page for more information about Medi-Cal.

We will also post information about the move at our website www.healthyfamilies.ca.gov.

Thank you,

Healthy Families Program

FREQUENTLY ASKED QUESTIONS ABOUT THE HEALTHY FAMILIES MOVE TO MEDI-CAL

What is Medi-Cal?

Medi-Cal is California's Medicaid program that provides medical, dental, and vision benefits. The Medi-Cal Program contracts with managed care plans in some counties and in other counties contracts directly with health care doctors. The Healthy Families Program will send you a letter telling you how you will receive Medi-Cal Benefits.

Will My Child Continue in the Same Health Plan?

In many cases yes. If your Healthy Families health plan also participates in the Medi-Cal Program, your child will still continue to receive services through that health plan in Medi-Cal. If your Healthy Families health plan does not participate in Medi-Cal, then based on your county of residence you will either select a new health plan or select a Medi-Cal doctor.

Will My Child Continue in the Same Dental Plan?

For most children Medi-Cal dental services will not be through a dental plan, but by a dentist that contracts directly with Medi-Cal, except in Los Angeles and Sacramento.

Will My Child Continue in the Same Vision Plan?

No. Medi-Cal provides vision services through Medi-Cal Health Plans and Medi-Cal doctors. You should call your provider and ask if they contract with Medi-Cal.

Will I Have to Pay Monthly Premiums in Medi-Cal?

Depending on income, some families will continue to pay monthly premiums in Medi-Cal. For these families, the monthly premium in Medi-Cal will be \$13 a month for each child with a maximum of \$39 for all children in a family.

Will I Have to Pay Co-Payments?

Yes, however there are only a few and if a family does not have the co-pay at the time of service, the service will not be denied.

What Happens to My Healthy Families Annual Eligibility Review?

Your child will continue to have the same <<insert ANNUAL_ELIGIBILITY_REVIEW_MONTH>> Annual Eligibility Review (AER) date. Medi-Cal will contact you to renew your child's coverage prior to that date.

Why is the Healthy Families Program Changing?

The California 2012/2013 State Budget bill made major changes to the Healthy Families Program and moves the children into the Medi-Cal Program. Healthy Families will begin moving children to the Medi-Cal Program over a one year period. The first group of children will not move any sooner than January 1, 2013. The move could happen later than that date.

If you have questions about the Medi-Cal Program or its benefits, call Health Care Options at 1-800-430-4263 or TDD/TTY at 1-800-430-7077