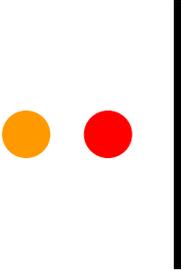


***Health Plan Choice:  
Recommendations  
from Consumer  
Advocates***

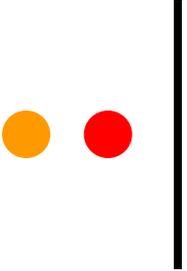
**May 10, 2012**

**AB1296 stakeholder meeting**



# Topics Covered

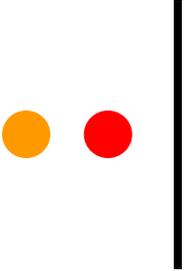
- Information needed for plan choice.
- Eligibility → Plan Choice
- Need for consumer support
- Redetermination / transitions



# Information Consumers

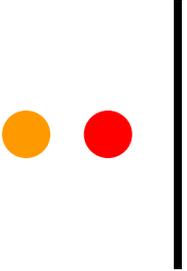
## Need for Plan Choice

- Provider directory with providers in the plans and medical groups/IPAs.
- Directory should be updated and include:
  - Provider's specialty
  - Languages spoken at provider's office
  - Accessibility at provider's office
  - If taking new patients
  - Hours, including if night / weekend hours
  - Functionality to search by zip code



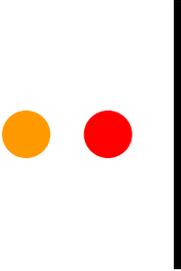
# Information Consumers Need for Plan Choice

- In addition to provider information, also need hospitals in network.
- Clear cost information for those in Healthy Families & the Exchange.
  - Need to present not just premium but also likely cost sharing



# Information Consumers Need for Plan Choice

- Consumers also need to be able to learn specifics about services covered in the plans and IPAs, e.g. Rx information for people with HIV, diabetes, etc., and reproductive health coverage information for women of child-bearing age



# Information Consumers Need for Plan Choice

- Some background information about what managed care is and how it works to frame the choice and relevant factors, e.g. importance of picking a plan with your doctor.
- Online plan choice process can do this through glossary functions.



# Eligibility → Plan Choice

- We do recommend allowing plan choice immediately following eligibility determination because in HF & HBEX no plan = no coverage, BUT need protections against improper steering.
- AND consumer should also have the option of coming back another time for plan choice or getting in person or phone assistance with plan choice.
- Consumers should also be educated about right to change plans and for Medi-Cal exemption / disenrollment processes.



## Eligibility → Plan Choice

- Need detection measures aimed at improper steering, such as:
  - Look to enrollment trends for spikes in a particular plan/IPA.
  - Train assistors to report any improper plan / IPA solicitations.



# Eligibility → Plan Choice

- Once eligibility determined, have a checklist for consumers with information they should have to pick a plan:
  - List of providers
  - List of medications
  - Total cost – premiums and likely cost sharing (if Healthy Families or Exchange)
  - Language and disability access needs
  - Quality information



## Eligibility → Plan Choice

- Consumers need notice of when plan enrollment starts and how to begin accessing services.
- Tell Medi-Cal folks they can use FFS services immediately.
- Tell Healthy Families & Exchange folks they have to be enrolled in a plan, that they'll get a card, etc.

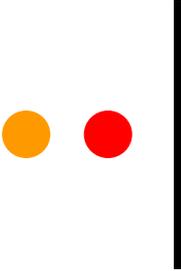
# ● ● | Need for Consumer Support

- Critical to have assistance for consumers trying to wade through plan choices.
- Assistance:
  - At time of enrollment from call center or in-person assister
  - From trusted, unbiased CBOs.



# Need for Consumer Support

- In consumer's language.
- Someone willing to sort out whether a particular plan takes the consumers' providers including specialists.
- Also willing and able to research formulary, coverage, provider issues for consumer.



# Redeterminations / Transitions

- When transitioning between programs if the same plan participates in both programs should be given the option to stay in the same plan.
- BUT need to advise if there are different provider networks based on coverage program.



# Redeterminations / Transitions

To avoid a break in coverage during redetermination when a consumer goes from one program to another need to allow them to stay in existing plan until can enroll in next plan (if changing).