

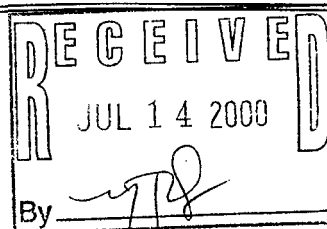
DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 654-8076



July 5, 2000

MMCD Policy Letter No. 00-03

RECEIVED

TO: Medi-Cal Managed Care Plans

JUL 17 2000

CORPORATE COMPLIANCE

SUBJECT: CHANGE OF CHILDREN IN PERCENT OF POVERTY AID
CATEGORIES TO MANDATORY ENROLLMENT FOR MEDI-CAL
MANAGED CARE

PURPOSE

The purpose of this letter is to advise Medi-Cal managed care plans (MCPs) that children in percent of poverty aid categories will be mandatory for enrollment in Medi-Cal managed care plans in Two-Plan Model and Geographic Managed Care (GMC) counties.

GOALS

This policy letter will achieve the following goals:

- Explain the reason and effective date for the Department of Health Services' decision to make children in percent of poverty aid categories mandatory for Medi-Cal managed care in Two-Plan Model and GMC counties.
- Present the phased rollout schedule for enrolling children who are currently in percent of poverty aid categories in Medi-Cal MCPs.
- Describe outreach by the Medi-Cal Managed Care Division (MMCD) related to this program change.
- Encourage Medi-Cal MCPs to consider marketing and outreach to these newly eligible beneficiaries and to make any changes necessary to accommodate possible increased inquiries and enrollment.

POLICY

Effective Date for Mandatory Enrollment of Percent of Poverty Children

As of July 2000, the Department will begin converting children in the 100, 133, and 200 percent of Federal Poverty Level aid categories (aid codes 47, 72, 7A, 8P, and 8R), who are still in fee-for-service (FFS) Medi-Cal, to mandatory enrollment in Medi-Cal MCPs in Two-Plan Model and GMC counties. Children in percent of poverty aid categories are already enrolled on a mandatory basis in counties with County Organized Health Systems (COHS). The federal Health Care Financing Administration has approved mandatory enrollment of children in these aid categories in all Two-Plan Model, GMC and COHS counties.

Under the expansion of the Medi-Cal managed care program that began in 1994 and continues today, the Department is committed to improving beneficiary access to quality preventive and primary care health services, eliminating preventable hospitalizations, and decreasing the inappropriate use of emergency services for ambulatory care. Medi-Cal managed care requirements for access, provider credentialing, quality improvement program standards, and preventive care services such as initial health assessment, immunization outreach, and prenatal care specifically target the needs of children and parents. Children in the percent of poverty aid categories are well suited to Medi-Cal managed care and will benefit from receiving their healthcare services through this comprehensive and accountable system.

Number of Beneficiaries Affected

As of January 2000, the number of children statewide in percent of poverty aid codes was 226,445 with 170,397 in FFS Medi-Cal. The enclosed table, "Percent Program Eligibles," will give plans a general idea of the number of potential new enrollees in their counties. Please note that this table is simply a "snapshot" of these beneficiaries at one point in time. This table is provided *only* as a planning tool to assist plans with decisions related to possible outreach efforts and anticipated new enrollment.

Continuity of Care Provisions

The Department has already implemented policies and procedures in the Medi-Cal Managed Care Program to assure continuity of care protection for beneficiaries who become mandatory for Medi-Cal MCP enrollment. As with all beneficiaries in mandatory enrollment categories, these children may request medical or nonmedical exemptions from plan enrollment during their 30-day choice period. Medical exemptions are granted for up to 12 months (and can be renewed) if the beneficiary has a complex medical condition meeting the criteria for exemption and their FFS provider is not affiliated with at least one MCP in their county of residence. The

July 5, 2000

criteria for medical exemptions are contained in Title 22, California Code of Regulations, Sections 53887 (Two-Plan Model) and 53923.5 (GMC).

We do not anticipate a large number of requests for medical exemptions as a result of this population becoming mandatory for managed care. Informal studies in Medi-Cal managed care counties have indicated that a significant number of providers serving children in the Medi-Cal FFS program are also affiliated with Medi-Cal MCPs.

PHASED ENROLLMENT OF PERCENT OF POVERTY CHILDREN

The mandatory enrollment of children currently in the percent of poverty aid categories will be phased in over a number of months. The Health Care Options Program contractor (MAXIMUS) can handle only a certain number of additional mailings per month and also assure adequate staffing for telephone assistance and enrollment processing for the entire managed care program. The first enrollment packets will be mailed in July 2000, and phased mailings will continue through October.

The schedule for the phased mailing of choice packets is as follows:

- July Sacramento GMC and Healthy San Diego GMC
Up to approximately one-third of eligible beneficiaries in Two-Plan Counties
- August Up to approximately one-third of eligible beneficiaries in Two-Plan Counties
- September Up to approximately one-third of eligible beneficiaries in Two-Plan Counties
- October Clean-up mailing as needed for all counties

The choice process for all eligible beneficiaries in the two GMC counties (Sacramento and San Diego) will be completed in the first phase because GMC contracts already specify percent of poverty children as mandatory for MCP enrollment. To assure an equitable distribution of potential new enrollment in Two-Plan counties, the choice process will begin for the same percentage of new eligibles in all Two-Plan counties in July, August, and September.

July 5, 2000

OUTREACH EFFORTS

Two Notices Mailed to Parents

MMCD has developed two notices (enclosed) for the parents of children currently in the percent of poverty aid categories in Two-Plan Model counties. These notices inform parents not only of their children's new mandatory enrollment status for Medi-Cal managed care, but also of their own possible new eligibility for Medi-Cal due to changes in the Section 1931(b) program.

The first notice will be mailed in English and Spanish in early July to *all* parents of percent of poverty children still in the FFS program in Two-Plan Model counties (with the exception of Stanislaus). This notice informs parents that they will receive managed care enrollment packets for their children in the next one to four months. The notice also includes a referral in all threshold languages to the Health Care Options toll-free phone number.

The second notice, also in English and Spanish, will be mailed approximately 15 to 30 days before the parents receive their children's managed care enrollment packets in Two-Plan Model counties. This notice informs parents that they will receive enrollment packets for their children in the next two to four weeks. This notice will be translated into the other threshold languages as soon as possible. Both notices read at a 7.1 grade level and reflect input from the Medi-Cal Managed Care Advisory Group.

If beneficiaries contact your plan because of these notices, please refer these callers to the appropriate sources of assistance as referenced in the notices:

- If calling about enrolling in a managed care plan or how to get a medical exemption, refer them to the HCO Program's toll-free number (1-800-430-4263).
- If calling about whether the parent may now be eligible for Medi-Cal, refer them to their county eligibility worker.

Involvement of Community-Based Organizations

MMCD is mailing copies of these notices to over 1,000 community-based organizations (CBOs) in the affected counties. This mailing will include a cover letter providing CBOs with appropriate referral information for any of their clients who contact these organizations after receiving either of the notices. In addition, MMCD will, in coordination with CBOs, conduct training sessions in the near future for Medi-Cal beneficiaries in several locations statewide.

Provider Bulletin

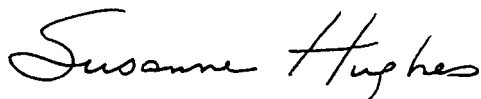
A notice to all Medi-Cal providers regarding this change will also appear in an upcoming *Medi-Cal Update*. This notice encourages providers to refer patients concerned about this change to either the HCO Program or their county eligibility worker, as appropriate.

Plan Outreach to New Percent of Poverty Program Eligibles

As you know, new or modified marketing and outreach activities and materials must be reviewed and approved by the Department, as specified in your contract. Any materials related to outreach to children in percent of poverty aid categories that plans submit to the Department for review and approval will be handled on an expedited basis. *Please be sure to note the need for expedited processing at the time of submission.*

MMCD is issuing a separate all plan letter regarding potential new enrollment due to the changes in the 1931(b) program. Please refer to MMCD All Plan Letter 00007 for more detailed information about this change.

If you have questions about this letter, please contact your MMCD contract manager for assistance.



Susanne M. Hughes
Acting Chief
Medi-Cal Managed Care Division

Enclosures (3)

PERCENT PROGRAM ELIGIBLES

THIS IS A "DRAFT" DOCUMENT

AID CODES 47, 72, 7A, 8P, AND 8R FOR JANUARY 2000 MONTH-OF-ELIGIBILITY (MOE)		AID CODES					SUB TOTAL COUNTS
COUNTY & PLAN MODEL	FEE-FOR-SERVICE ELIGIBLES AND HEALTH PLANS BY COUNTY	AID CODE 47	AID CODE 72 (split 8P)	AID CODE 7A (split 8R)	AID CODE 8P (orig 72)	AID CODE 8R (orig 7A)	
ALAMEDA-(2-plan) Local Initiative Commercial Plan	Fee For Service Eligibles	1,331	2,395	1,408	67	84	5,285
	Alameda Alliance for Health	73	176	90	1		340
	Blue Cross of California	32	81	46			159
	subtotals	1,436	2,652	1,544	68	84	5,784
CONTRA COSTA (2-plan) Local Initiative Commercial Plan	Fee For Service Eligibles	621	1,119	810	23	45	2,618
	Contra Costa Health Plan	51	137	84			272
	Blue Cross of California	15	21	12			48
	subtotals	687	1,277	906	23	45	2,938
FRESNO (2-plan) Local Initiative Commercial Plan	Fee For Service Eligibles	1,311	2,889	2,264	125	145	6,734
	Blue Cross of California	118	361	324	6	7	816
	Health Net	57	153	99			309
	subtotals	1,486	3,403	2,687	131	152	7,859
KERN (2-plan) Local Initiative Commercial Plan	Fee For Service Eligibles	1,034	1,790	1,747	1	1	4,573
	Kern Family Health Services	174	803	547			1,524
	Blue Cross of California	97	377	300			774
	subtotals	1,305	2,970	2,594	1	1	6,871
LOS ANGELES (2-plan) Local Initiative Commercial Plan	Fee For Service Eligibles	16,397	44,286	30,470			91,153
	LA Care Health Plan	806	3,764	2,335			6,905
	Health Net	439	2,152	1,355			3,946
	subtotals	17,641	50,201	34,158			102,000
MADERA (voluntary)	Fee for Service Eligibles	292	708	539			1,539
	Molina Medical Centers		3				3
	subtotals	292	711	539			1,542
MONTEREY (COHS)	Fee for Service Eligibles	970	1,566	1,115			3,651
	Central Coast Alliance for Health	43	113	87			243
	subtotals	1,013	1,679	1,202			3,894
NAPA (COHS)	Fee for Service Eligibles		19	4			23
	Partnership Health Plan of CA	213	349	229			791
	subtotals	213	368	233			814
ORANGE (COHS)	Fee for Service Eligibles	2	64	80	271	325	742
	CalOPTIMA	4,732	8,954	4,194	11	12	17,903
	subtotals	4,734	9,018	4,274	282	337	18,645
RIVERSIDE (2-plan) Local Initiative Commercial Plan	Fee for Service Eligibles	2,396	3,577	2,381	566	726	9,646
	Inland Empire Health Plan	259	663	435	5	5	1,367
	Molina Medical Centers	72	184	101			357
	subtotals	2,727	4,424	2,917	571	731	11,370
SACRAMENTO (GMC)	Fee for Service Eligibles	1,210	2,196	1439	23	8	4,876
	Western Health Advantage	13	52	35			100
	Health Net	30	54	70			154
	Maxicare Health Plan	16	53	37			106
	Kaiser Foundation Health Plan	12	32	29			73
	Blue Cross of California	94	254	168			496
	subtotals	1,380	2,626	1787	23	8	5,824
SAN BERNARDINO (2-plan) Local Initiative Commercial Plan	Fee For Service Eligibles	2,147	4,088	3057	214	350	9,856
	Inland Empire Plan	269	957	693			1,919
	Molina Medical Centers	64	230	175			469
	subtotals	2,480	5,275	3925	214	350	12,244

PERCENT PROGRAM AID CODES

COUNTY & PLAN MODEL	FEE-FOR-SERVICE ELIGIBLES AND HEALTH PLANS IN EACH COUNTY	AID CODE 47	AID CODE 72 (split 8P)	AID CODE 7A (split 8R)	AID CODE 8P (orig 72)	AID CODE 8R (orig 7A)	SUB TOTAL COUNTS
SAN DIEGO (GMC)	Fee For Service Eligibles	2,311	4,140	2,511	311	324	9,597
	Sharp Health Plan	138	403	211		2	754
	Universal Care	29	81	43			153
	Community Health Group	143	576	328	2		1,049
	Blue Cross of California	28	74	58	1	1	162
	USCD Health Plan	27	83	51			161
	Health Net	13	38	21		1	73
	Kaiser Foundation Health Plan	9	15	17	1		42
	subtotals	2,698	5,410	3,240	315	328	11,991
SAN FRANCISCO (2-plan) Local Initiative Commercial Plan	Fee For Service Eligibles	645	1,349	866			2,860
	San Francisco Health Plan	47	149	97			293
	Blue Cross of California	28	100	65			193
	subtotals	720	1,598	1,028			3,346
SAN JOAQUIN (2-plan) Local Initiative Commercial Plan	Fee For Service Eligibles	703	1,088	971			2,762
	Health Plan of San Joaquin	89	419	328			836
	Blue Cross of California	34	135	93			262
	subtotals	826	1,642	1,392			3,860
SAN MATEO (COHS)	Fee for Service Eligibles	1	12	4	8	11	36
	Health Plan of San Mateo	1,272	1,665	688	2		3,627
	subtotals	1,273	1,677	692	10	11	3,663
SANTA BARBARA (COHS)	Fee for Service Eligibles		13	11	110	156	290
	Santa Barbara Health Initiative	913	1,716	999	1	2	3,631
	subtotals	913	1,729	1,010	111	158	3,921
SANTA CLARA (2-plan) Local Initiative Commercial Plan	Fee for Service Eligibles	1,217	2,017	1,023	262	229	4,748
	Santa Clara Health Plan	133	391	215			739
	Blue Cross of California	39	138	112			289
	subtotals	1,389	2,546	1,350	262	229	5,776
SANTA CRUZ (COHS)	Fee for Service Eligibles	1	6	3	1	1	12
	Central Coast Alliance for Health	531	603	336	46	56	1,572
	subtotals	532	609	339	47	57	1,584
SOLANO (COHS)	Fee for Service Eligibles		6	13	61	62	142
	Partnership Health Plan of CA	412	579	450			1,441
	subtotals	412	585	463	61	62	1,583
SONOMA (2-plan) Local Initiative Commercial Plan	Fee for Service Eligibles	509	630	310	127	103	1,679
	Kaiser Foundation Health Plan						
	Sonoma Partners for Health			1			1
	subtotals	509	630	311	127	103	1,680
STANISLAUS (2-plan) Local Initiative Commercial Plan	Fee for Service Eligibles	573	1,336	1,286	34	53	3,282
	Stanislaus LI-Blue Cross of CA	79	302	250			631
	Blue Cross of California	38	220	186			444
	subtotals	690	1,858	1,722	34	53	4,357
TULARE (2-plan) Local Initiative Commercial Plan	Fee for Service Eligibles	779	1,770	1,534	76	134	4,293
	Tulare LI- Blue Cross of CA	84	255	211	1	2	553
	Health Net	13	22	18			53
	subtotals	876	2,047	1,763	77	136	4,899
	GRAND TOTAL	46,232	104,935	70,076	2,357	2,845	226,445

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**IMPORTANT NEWS ABOUT
YOUR CHILD'S MEDI-CAL BENEFITS**

Because of changes in the Medi-Cal program, your child may soon have to enroll in a Medi-Cal managed care plan.

- Managed care plans provide the same services as regular Medi-Cal. In a managed care plan, your child will have a primary care doctor who will take care of your child's health care needs.
- If your child is now in a managed care plan, you do not need to do anything.

In the next one to four months you will get a packet in the mail about the Medi-Cal managed care plans in your county.

- The packet will include lists of each managed care plan's doctors, clinics, hospitals, and pharmacies.
- Many regular Medi-Cal doctors also belong to managed care plans.
- If your child's doctor doesn't belong to a managed care plan, you will have to choose a new doctor for your child or ask for a medical exemption when you get the packet.

After you receive the packet, you will have 30 days to choose a Medi-Cal managed care plan for your child. You must fill out and mail the enrollment form.

- If you do not enroll your child in a managed care plan or ask for a medical exemption in 30 days, we will choose a plan for your child.

PARENTS MAY NOW BE ELIGIBLE FOR MEDI-CAL!

California law has changed so more parents of children on Medi-Cal are eligible for Medi-Cal. To find out if you now qualify, contact your child's county worker. If you do qualify for Medi-Cal, you may have to enroll in a managed care plan.

QUESTIONS? Please call the Health Care Options Program at 1-800-430-4263 Monday through Friday from 8 a.m. to 5 p.m. The call is free.

NOTICE 1

DEPARTMENT OF HEALTH SERVICES

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IMPORTANTES NOTICIAS ACERCA DE LOS BENEFICIOS DE MEDI-CAL DE SUS HIJOS

Debido a cambios en el programa de Medi-Cal, podría ser que próximamente necesitara inscribir a sus hijos en un Plan de Salud Administrado de Medi-Cal.

- Los Planes de Salud Administrados proporcionan los mismos servicios que Medi-Cal. En un Plan de Salud Administrado, sus hijos tendrán un medico de atención primaria, que atenderá de las necesidades de salud de ellos.
- Si sus hijos actualmente están inscritos en un Plan de Salud Administrado, usted no necesita hacer nada.

Dentro de uno a cuatro meses usted recibirá un paquete por correo con información sobre los Planes de Salud Administrados en su condado.

- El paquete incluye listas de todos los Planes Administrados de Medi-Cal con los nombres de doctores, clínicas, hospitales, y farmacias.
- Muchos de los médicos que aceptan Medi-Cal son miembros de los Planes Administrados.
- Si el medico de sus hijos no es miembro de un Plan Administrado, tendrá que elegir otro medico para sus hijos o pedir una exención medica cuando reciba su paquete.

Después que reciba su paquete, usted tendrá 30 días para elegir un Plan de Salud Administrado de Medi-Cal para sus hijos. Debe llenar y enviar por correo la forma de inscripción.

- Si usted no inscribe a sus hijos en un Plan Administrado o pide una exención medica en 30 días, nosotros seleccionaremos un plan para sus hijos.

LOS PADRES AHORA PUEDEN SER ELEGIBLES PARA MEDI-CAL!

Las leyes en California han cambiado, ahora es posible que los padres con hijos en Medi-Cal sean elegibles para recibir Medi-Cal. Para saber si usted es elegible, comuníquese con el trabajador social del condado de su hijo. Si usted califica para Medi-Cal, tendrá que inscribirse en un Plan de Salud Administrado de Medi-Cal.

¿PREGUNTAS? Por favor llame al programa de Health Care Options al 1-800-430-3003, lunes a viernes de las 8:00 a.m. a las 5:00 p.m. La llamada es gratis!

برای کمک بزبان فارسی لطفاً با تلفن ۱-۸۰۰-۸۴۰-۵۰۳۴ تماس بگیرید

Nrhiav kev pab uas yog hais lus Hmoob thov hu rau tus xov tooj: 1 (800) 430-2022

이 내용을 한국어로 보내주십시오. 1 (800) 430-4263

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫລືອເປັນພາສາລາວ, ໃຫ້ໂທໄປທີ່ 1 (800) 430-4091.

За помощью на русском языке звоните по телефону 1(800) 430-7007

Muốn được giúp đỡ bằng tiếng Việt, xin gọi số: 1(800) 430-8008

For TDD Service, please call 1 (800) 952-8349

Խնդրում ենք հետևել
տեղեկությունը ուղղադրվել հայերենով 1 (800) 430-4263

ສຸມາບັດຄືມາສາສາສາສູງສູງສູງສູງສູງ : 9 (800) 430-6006

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- The packet will include lists of each managed care plan's doctors, clinics, hospitals, and pharmacies.
- Many regular Medi-Cal doctors also belong to managed care plans. If you want to keep your child's doctor, ask the doctor now if he or she belongs to a managed care plan in your county. If the doctor doesn't belong to a managed care plan, you will have to choose a new doctor for your child when you get the packet.
- If your child has a serious medical condition and your child's doctor does not belong to a managed care plan, you may not have to enroll your child in a managed care plan. The packet will include information about how to ask for a medical exemption.

After you receive the packet, you will have 30 days to choose a Medi-Cal managed care plan for your child. You must fill out and mail the enrollment form. If you do not enroll your child in a managed care plan or ask for a medical exemption in 30 days, we will choose a plan for your child.

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