

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 654-8076

cc: Helmer MD
Lind MD
Lora K
Compliance



July 5, 2000

MMCD All-Plan Letter 00007
RECEIVED

TO: Medi-Cal Managed Care Plans

JUL 19 2000

CORPORATE COMPLIANCE

SUBJECT: POTENTIAL INCREASE IN NEW ENROLLEES DUE TO CHANGES IN
THE SECTION 1931(b) PROGRAM**PURPOSE**

The purpose of this letter is to advise affected Medi-Cal managed care plans (MCPs) of a potential increase in new enrollees due to a change in how Medi-Cal eligibility is determined under the Section 1931(b) program. In Two-Plan Model and Geographic Managed Care (GMC) counties, adults who are newly eligible for Medi-Cal under the Section 1931(b) program will be required to enroll in Medi-Cal managed care. This program change and related outreach efforts are discussed below to help plans prepare for possible enrollment increases.

BACKGROUND**Legislative Mandate**

Senate Bill 708 (Chapter 148, Statutes of 1999), one of the 1999 Budget Trailer Bills, amended Welfare and Institutions Code Section 14005.30 to allow the Department of Health Services to "adopt less restrictive income and resource eligibility standards and methodologies..." in order to allow more adults to be eligible for no share-of-cost Medi-Cal under the Section 1931(b) program. Adults in this program are working parents with incomes less than 100 percent of the Federal Poverty Level

As a result of this legislation, income limits used to determine the Medi-Cal eligibility of parents of children receiving Medi-Cal benefits under the Percent of Poverty or Medically Indigent programs were relaxed to allow a greater number of parents to qualify for zero share-of-cost Medi-Cal under the Section 1931(b) program. This change became effective in March 2000. Parents who now qualify for Medi-Cal under the Section 1931(b) program and who reside in Two-Plan Model or GMC counties are mandatory for enrollment in a Medi-Cal MCP.



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As with any beneficiaries in mandatory aid categories for Medi-Cal managed care plan enrollment, these individuals can 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 or is pregnant and their fee-for-service (FFS) provider is not affiliated with at least one MCP in their county of residence. The criteria for medical exemption are contained in Title 22, California Code of Regulations, Sections 53887 (Two-Plan Model) and 53923.5 (GMC).

Estimated Number of Newly Eligible Beneficiaries

The exact number of individuals potentially eligible for Medi-Cal as a result of changes to the Section 1931(b) program is unknown. The Department has estimated that this program change will expand the Medi-Cal program to approximately 250,000 adults who qualify for Medi-Cal with a share of cost, who had applied for Medi-Cal coverage only for their children, or who were previously eligible only for county services as medically indigent adults.

FURTHER DISCUSSION

County and Department Outreach

Since April 2000, the Department and individual counties have been conducting outreach to parents who may now be eligible for no share-of-cost Medi-Cal through the Section 1931(b) program. In addition, the Medi-Cal Managed Care Division (MMCD) has developed two notices (enclosed) for the parents of children currently in the percent of poverty aid categories. 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.

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. This mailing 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. It 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.

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

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

Implementation of the new Section 1931(b) program and concurrent mandatory plan enrollment of approximately 170,000 percent of poverty children will undoubtedly cause some confusion, particularly for parents of percent of poverty children who apply for Section 1931(b) Medi-Cal coverage for themselves. Some families, for example, will receive an enrollment package for percent of poverty family members and subsequently receive a Section 1931(b) enrollment package.

Involvement of Community-Based Organizations

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

MMCD is issuing a separate policy letter regarding the mandatory enrollment of children in percent of poverty aid categories that will begin in July 2000. Please refer to MMCD Policy Letter 00-03 for more detailed information about this change and the rollout plan for the enrollment of these children in Medi-Cal MCPs.

Plan Outreach to New Section 1931(b) Eligibles

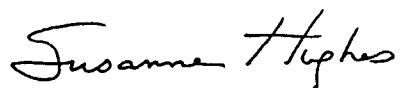
As you know, new or modified marketing and outreach activities and materials must be reviewed and approved by the Department, as specified in your contract. Any materials related to outreach to parents in the Section 1931(b) program that plans submit to the Department for review and approval will be handled on an expedited basis. *Please be sure to note the need for expedited processing at the time of submission.*

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

A handwritten signature in cursive script that reads "Susanne Hughes".

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

Enclosures (2)

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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.

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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-CALI

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 ۱-۸۰۰-۴۳۰-۳۰۰۳ 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 ուղղաբերել 1 (800) 430-4263

ສາຍບໍ່ຄ້າຄ່າສາທາລະນະສູງສູງສູງ : 9 (800) 430-6006

粵語查詢專線 : 1(800) 430-6006

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- If your child is now in a managed care plan, you do not need to do anything.

In the next two to four weeks 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 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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