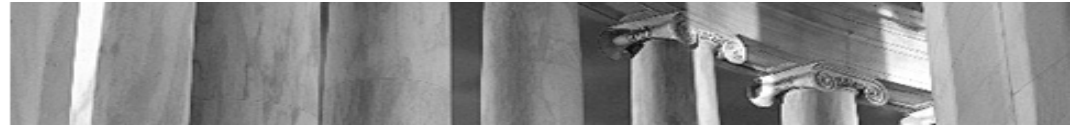




California Health Care Options (HCO) Program Overview

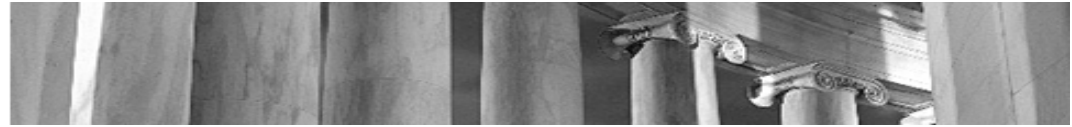
August 26, 2009





HCO Program Overview

- General Information
- Customer Service – Call Center
- Field Operations
- HCO Informing Materials
- Enrollment/Disenrollment Processing
- Reports
- Health Plan Enrollment (HPE) Process – Data Processing

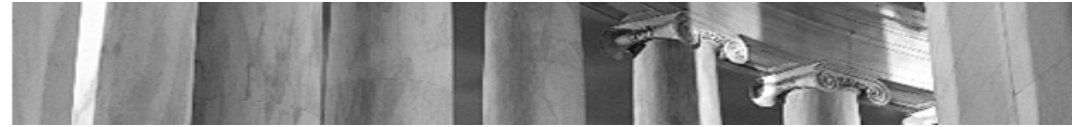


General Information

The California Health Care Options Program provides Medi-Cal beneficiaries with resources to make informed decisions about their Medi-Cal benefits. The main functions of the HCO Program are designed to assist Medi-Cal beneficiaries in understanding, selecting, and using managed care plans. The services provided by HCO to Medi-Cal beneficiaries include but are not limited to customer service, mailing of informing materials, education and outreach services in managed care counties, and enrollment/disenrollment processing. The HCO Program is currently responsible for fifteen (15) service Areas (counties).

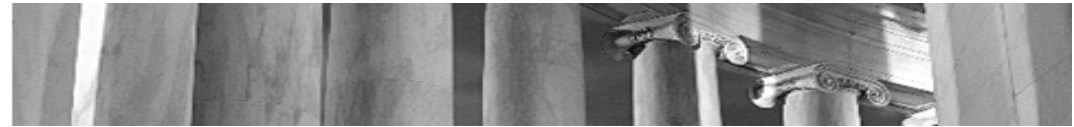


CUSTOMER SERVICE – CALL CENTER



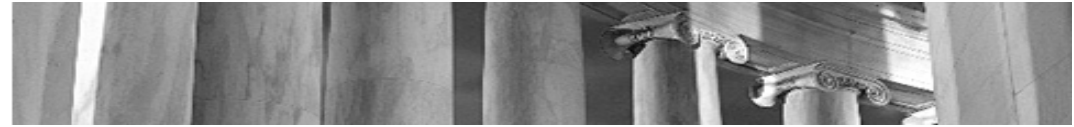
Customer Service – Call Center

- HCO operates a toll-free Telephone Call Center (TCC) that provides Medi-Cal beneficiaries with assistance in understanding and selecting their health care options via the telephone
- The TCC is staffed to provide assistance in thirteen (13) threshold languages:
 - English
 - Spanish
 - Cantonese
 - Vietnamese
 - Farsi
 - Korean
 - Armenian
 - Russian
 - Cambodian
 - Hmong
 - Arabic
 - Tagalog
 - Mandarin
- The TCC processes both inbound and outbound calls
- Operating hours are Monday – Friday, 8:00 a.m. – 5:00 p.m., excluding State holidays



Call Center – High Level Statistics

	Average Monthly	Average Weekly	Average Daily
Call Volume (Inbound)	77,000	18,485	3,697
Call Volume (Outbound)	54,000	12,960	2,592
Total Call Volume	131,000	31,445	6,289
Average length of call (inbound)	4.75 min		
Average Inbound minutes	365,750	87,795	17,559

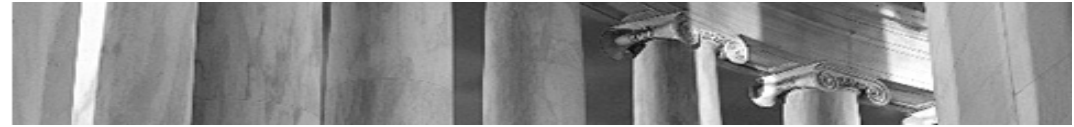


Call Center – Enabling Technology

- Integrated Voice Response (IVR) process
- Integrated Predictive Dialer System (IPDS)
- Call Tracking Information process
- Call recording system

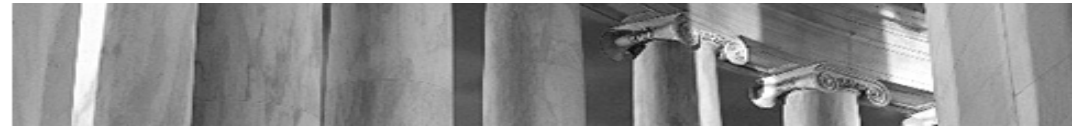


FIELD OPERATIONS



Field Operations

- HCO provides in-person education and outreach services in thirteen (13) managed care counties throughout California
 - Alameda
 - Contra Costa
 - Fresno
 - Kern
 - Los Angeles
 - Riverside
 - Sacramento
 - San Bernardino
 - San Francisco
 - San Joaquin
 - Santa Clara
 - Stanislaus
 - Tulare
- Services are provided by 113 Full Time Equivalents (FTEs) that provide assistance in 100 HCO Presentation Sites located throughout the state
- HCO Presentation Sites are located in County Social Services Offices and in other space leased by DHCS
- Enrollment Service Representatives (ESRs) make educational presentations at HCO Presentation Sites and assist beneficiaries in making informed choices

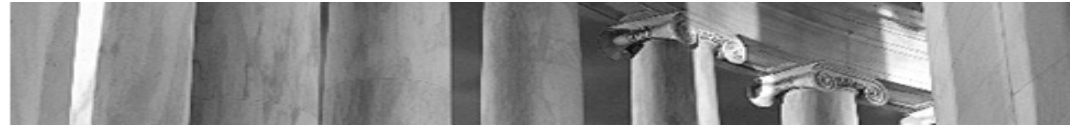


Field Operations – High Level Statistics

Average Monthly Presentations	16,356
Average # of Beneficiaries Assisted Monthly	45,854
Average Monthly Choices Processed	45,867

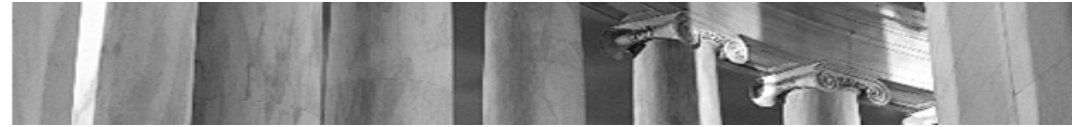


HCO INFORMING MATERIALS



HCO Informing Materials

- All eligible beneficiaries within the counties serviced by the HCO program are sent informing packets that contain descriptions of their enrollment choices
 - Mandatory beneficiaries receive an Intent to Assign packet
 - Voluntary beneficiaries receive a Voluntary packet
- Beneficiaries are also sent informing letters that provide beneficiaries with information on any changes affecting their enrollment status
- Informing packets and letters are produced on a print on demand basis with beneficiary receiving materials that are personalized (language and enrollment status specific)
- Informing materials are translated and produced in twelve (12) threshold languages
- MAXIMUS has established a subcontract with a vendor in West Sacramento to provide all the print and fulfillment services for the HCO Program



HCO Informing Materials – High Level Statistics

	Average Monthly	Average Weekly	Average Daily
Informing Packets Mailed	103,748	24,905	4,981
Informing Letters Mailed	32,193	7,730	1,546
Total Mailings	135,941	32,635	6,527

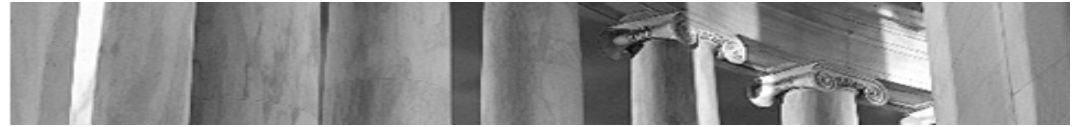


ENROLLMENT/DISENROLLMENT PROCESSING



Enrollment Processing

- Beneficiary enrollment requests are submitted by:
 - Beneficiaries or authorized representatives using a Medi-Cal Choice Form
 - Enrollment Service Representatives who have assisted a beneficiary in completing a Medi-Cal Choice Form at an HCO Presentation Site
 - Beneficiaries or authorized representatives via the telephone
- Beneficiaries with mandatory aid codes have forty-five (45) calendar days from the mailing of an Intent to Assign packet to select a health plan. If beneficiaries do not select a plan by the forty-fifth (45th) calendar day, they are assigned (or defaulted) to a health plan.
- If the Medi-Cal Choice Form submitted by a beneficiary is found to be incomplete and/or inaccurate, the beneficiary is contacted via the telephone for assistance in correcting the form. If the attempts to contact the beneficiary are unsuccessful, the beneficiary receives a letter indicating the errors or omissions found during processing, and an explanation of how to correct the problem.
- HCO sends a daily transaction file to the Medi-Cal Eligibility Data System (MEDS) so that affected MEDS records can be updated with the beneficiary's new enrollment status.
- Upon completion of enrollment processing, the final outcome is reported to the beneficiary via a system-generated confirmation letter indicating their health plan enrollment status and enrollment effective date.



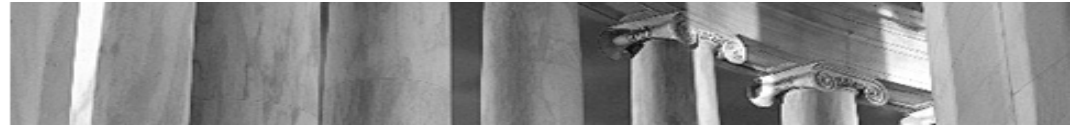
Disenrollment Processing

- Beneficiary disenrollment requests are submitted by:
 - Beneficiaries or authorized representatives using a Medi-Cal Choice Form
 - Medi-Cal Managed Care Division, Medi-Cal Dental Services Branch or authorized representative using an internal request form, memo or email
 - MEDS via the daily eligibility file or the monthly reconciliation file
 - Providers via a medical or non-medical exemption request
- Incomplete disenrollment requests submitted via Medi-Cal Choice Forms are processed in the same manner as incomplete enrollment requests submitted via Medi-Cal Choice Forms.
- Upon completion of disenrollment processing, the final outcome is reported to the beneficiary via a system-generated confirmation letter indicating their health plan enrollment status and enrollment effective date.



Exemption & Emergency Disenrollment (EDER) Processing

- Mandatory beneficiaries meeting specific criteria may request an exemption to plan enrollment for up to twelve (12) months for medical and up to twenty-four (24) months for dental coverage allowing them to remain in the Fee For Service (FFS) program.
- For non-medical exemptions (such as Indian Health and Waiver programs), approved exemptions allow the beneficiary to receive services from the applicable program or service (such as Indian Health Facilities) via the FFS program.
- HCO Research staff manually review all forms submitted to ensure legibility and completion of required information as well as to verify the beneficiary's eligibility and the validity of the FFS provider.
- If a beneficiary's exemption request is denied, the beneficiary is required to either choose a health care plan to join or, if the beneficiary is already a member of a health care plan, is required to remain in managed care.
- For each exemption request, the beneficiary and provider, and is notified of the final outcome and MEDS is updated as well.

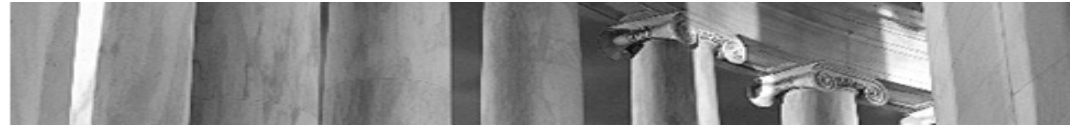


Enrollment/Disenrollment Processing –High Level Statistics

	Average Monthly	Average Weekly	Average Daily
Choice Forms Processed	65,460	15,715	3,143
Exemptions Processed	860	205	41
EDERs Processed	3,880	930	186
Total Enrollment/Disenrollment Requests Processed	70,200	16,850	3,370



REPORTS

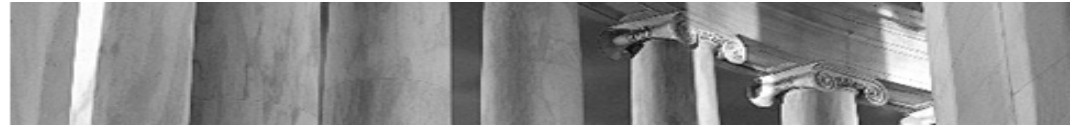


Reports

- MAXIMUS generates system and manually created reports on the HCO Program activities including but not limited to:
 - Customer Service Reports
 - Telephone Call Center
 - Education and Outreach Reports
 - Research Reports
 - Informing Materials Reports
 - Enrollment/Disenrollment Processing Reports
 - Problem Correction Reports
 - Quality Assurance Reports
- Reports are produced and delivered to the Department of Health Care Services (DHCS) on a daily, weekly, monthly, and quarterly basis
- MAXIMUS also fulfills requests for ad-hoc reports submitted by DHCS per DHCS instructions
- A Data Analysis and Special Studies (DASS) department has been established by MAXIMUS to manage the generation and delivery of all report deliverables as well as perform analysis on HCO Program activities to identify opportunities for improvement and initiatives to enhance HCO Program services to Medi-Cal beneficiaries

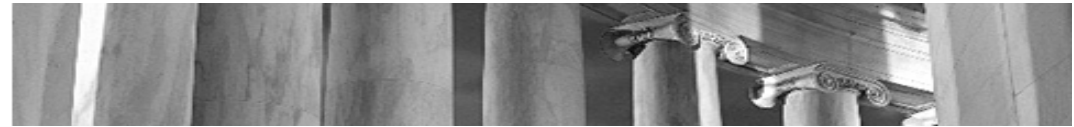


HEALTH PLAN ENROLLMENT (HPE) PROCESS– DATA PROCESSING



Health Plan Enrollment Process (HPE) Process

- The HPE is a collection of applications and systems that are used by MAXIMUS to facilitate the execution of the core HCO Program processes including but not limited to:
 - Eligibility Information
 - Telephone Call Center
 - HCO Informing Materials Tracking
 - Enrollment/Disenrollment Processing
 - Interfaces with the Medi-Cal Eligibility Data System
 - Exemption Processing
 - Problem Correction Process
 - Reports
 - Records Retention
 - Document Management System



Health Plan Enrollment Process (HPE) Process

