

**LIHP to Medi-Cal Transition Plan:
Design and Recommendations for Building the Bridge to Medi-Cal Enrollment from the
Low-Income Health Program**

Scope of Work

UCLA Center for Health Policy Research &
UC Berkeley Center for Labor Research and Education

Objective

The objective of this proposal is to prepare the *DHCS §1115 Bridge to Reform Waiver: Initial Transition Plan*, for submission to the Centers for Medicare and Medicaid Services (CMS) by July 1, 2012.

Background

Under the §1115 Bridge to Reform Waiver (11-W-00193/9) (Waiver) special terms and conditions (STC), STC 23(a), the Department of Health Care Services (DHCS) is required to submit to CMS for review and approval an initial transition plan outlining how DHCS will begin transition activities, beginning July 1, 2013, for individuals enrolled under the waiver into a coverage option available under the Affordable Care Act (ACA). Failure to develop the Initial Transition Plan by July 1, 2012, will result in the loss of 0.5% of the expenditure cap applicable to Safety Net Care Pool (SNCP) expenditures cap under the expenditure authorities, with exceptions.

Deliverables

1. The final *DHCS §1115 Bridge to Reform Waiver: Initial Transition Plan* meeting the STC requirements that DHCS will submit to CMS by July 1, 2012 and make publicly available.
Deadline: June 1, 2012, to allow for review by DHCS staff, Agency, the Governor's office and, possibly, stakeholders.
2. Expanded version of the Transition Plan that will include a detailed operational plan for internal DHCS purposes only. This will include more specific tasks and timelines in support of Deliverable #1.
Deadline: June 28, 2012, based on comments/feedback from DHCS.

Based on feedback from CMS on the Transition Plan, we will assist in incorporating those changes and adapting the operational plan to reflect any differences between the original proposed Transition Plan and the final approved Transition Plan to CMS. For this reason, the project will officially end on December 31, 2012. If the Transition Plan finalization and feedback requires any additional data collection or activities that are not reflected in this document, additional resources may be required.

Activities

UCLA/UCB will work extensively with DHCS' Eligibility Division, as well as the Managed Care Division and LIHP to develop and document how the state will begin transition activities. UCLA/UCB activities will include the following:

1. Identify and categorize variables potentially needed for enrollment in Medi-Cal in 2014 based on federal regulations and California law.
2. Review and analyze specific waiver components related to eligibility and enrollment to meet coverage expansion requirements for Medi-Cal under the ACA.
3. Identify existing information sources and/or gather information as needed on the following elements:
 - Data elements collected for the specific purpose of LIHP enrollment by counties, local health authorities, or county partners;
 - Information systems used for LIHP enrollment and eligibility determination by each program or county participant (including each county involved in CMSP) and capability for secured/electronic file transfer for Medi-Cal enrollment, which could occur at the county social services level or through the new CalHEERS;
 - Eligibility determination, enrollment, and redetermination processes for LIHP;
 - Outreach, enrollment, and retention strategies used by LIHPs,
 - Comparability of provider networks for LIHP and Medi-Cal;
 - Plan selection and provider selection processes for Medi-Cal;
 - Plans in development by counties or other state agencies that may inform or impact the transition of LIHP enrollees to Medi-Cal;
4. Analyze gaps in each county between data elements, systems and procedures in place, and those required for successful transition.
5. Make use of interviews and existing stakeholder processes at the state and county level to solicit input and feedback on transition plan.
6. Develop transition plan for LIHP enrollees into Medi-Cal that will include:
 - A plan to manage the transition to new Medicaid eligibility levels in 2014 by considering, reviewing, and preliminarily determining new applications for Medicaid eligibility, beginning as early as July 1, 2013;
 - Potential data elements that need to be collected by each county to meet Medi-Cal and Exchange eligibility needs;
 - Potential information systems expansions or connectivity required in each county or at the state-level to facilitate recommended information exchange;

- Develop content for determining eligibility of coverage for waiver enrollees under all eligibility groups for which California is required or has opted to provide medical assistance, beginning January 1, 2014;
 - Develop strategies to ensure that eligibility for medical assistance is not disrupted for any individual covered under the waiver who will be eligible under any such eligibility group as of January 1, 2014, prior to December 31, 2013, and obtain any additional information needed from each individual to determine eligibility under such eligibility groups beginning January 1, 2014 and make and provide notice to the individual of such determination on or before December 31, 2013. These strategies will be based upon the assumption that transitioning these individuals from coverage under the waiver to coverage under the State Plan will not require these individuals to submit a new application.
 - Gather information on and reference suggested criteria for provider participation in (e.g., demonstrated data collection and reporting capacity) and means of securing provider agreements for the transition based on existing processes, data sources, state activities and planning.
 - Develop suggested process for plan selection and default enrollment.
 - The schedule of implementation activities for the State to operationalize the transition plan with specific benchmarks.
7. Develop a more detailed operational plan for transitioning LIHP enrollees into Medi-Cal and Exchange that will include:
- Recommendations for development of Policy Instructions to LIHP and Counties for transition, informing notices regarding program change, consent form for sharing of case information for enrollment purposes , including due process, rights and responsibilities (in coordination with the appropriate state officials and divisions);
 - Recommendations for development of notices through the Stakeholders process regarding change in program eligibility and enrollment into health plans where applicable;
 - Development of a strategy for disseminating the initial transition plan and educating counties and stakeholders on transition activities.

Staff

Dylan H. Roby, PhD, Director of Health Economics and Evaluation Research at the UCLA Center for Health Policy Research will be the Principal Investigator.

Nadereh Pourat, PhD, Director of Research at the UCLA Center for Health Policy Research will be the Co-Principal Investigator.

Ken Jacobs, Chair of the UC Berkeley Center for Labor Research and Education will serve as the lead investigator for the UC Berkeley subcontract.

Analysts will include Laurel Lucia at UC Berkeley along with Anna Davis and Livier Cabezas at the UCLA Center for Health Policy Research.