



June 14, 2013

Via electronic mail

LIHP Transition Team
Department of Health Care Services
LIHPTransitionProject@dhcs.ca.gov

RE: Comments to Draft Communication and Outreach Strategy for the LIHP Transition

Dear Transition Team members:

Thank you for the opportunity to comment on the Draft Communication and Outreach Strategy for the Low Income Health Program Transition that was discussed on the June 10th webinar. National Health Law Program and Western Center on Law and Poverty – on behalf of AIDS Project Los Angeles; Alliance of Californians for Community Empowerment; American Cancer Society Cancer Action Network; Asian Pacific American Legal Center; California Pan-Ethnic Health Network; California Primary Care Association; Health Access; The Health Consumer Alliance;¹ Legal Aid Society of San Diego, Inc.; Legal Services of Northern California; Neighborhood Legal Services of Los Angeles County; PICO California; Project Inform; and San Francisco AIDS Foundation – submit the comments below for your consideration.

Summary of Key Comments and Recommendations

1. As anticipated by this draft, we wholeheartedly support DHCS's decision to automatically transfer MCE enrollees into the Expansion, without collecting additional data from them.
2. Suspend redeterminations for October through December 2013; if this cannot be done statewide, give LIHPs the option to suspend the redetermination process; or, at a minimum, ensure that notices clearly explain that enrollees must continue to comply with LIHP redetermination.
3. Ensure notice content focuses on action and tells consumers where to get help.
 - Make sure that notices include local contact information for consumer assistance.

¹ The Health Consumer Alliance ("HCA") is a statewide collaborative of consumer assistance programs operated by community-based legal services organizations, which includes: Bay Area Legal Aid, California Rural Legal Assistance, Central California Legal Services, Greater Bakersfield Legal Assistance, Legal Aid Society of Orange County, Legal Aid Society of San Diego, Legal Aid Society of San Mateo, Legal Services of Northern California, Neighborhood Legal Services of Los Angeles County, the Western Center of Law and Poverty, and the National Health Law Program. The HCA's goals are to help individuals with their health care problems, develop remedies to systemic problems affecting health consumers, and educate communities as to their health care rights.

- Consolidate notices 2A and 3A for MCE enrollees to minimize confusion and emphasize that enrollees may take action to select a plan.
 - Provide detailed information about Covered California on notice 2B.
4. Time notices to coordinate with other statewide outreach activities on Medi-Cal expansion and Covered California and facilitate action.
- Delay the first notice to educate community partners about notice content and coordinate messaging with Covered California.
 - Send notice 2B and combined 2A/3A in October *after* Covered California has begun open enrollment.
 - When possible, send notice 5 before January 1, 2014, in order to facilitate continuity of care.
5. Ensure that all stakeholders have information and training about the transition before the notices are sent to enrollees.
- Hire sufficient staff and train all relevant county and state workers to answer questions and assist consumers with the transition.
 - Develop a consumer-oriented LIHP Transition website.
 - The regional meetings to be held in August and September must account for the different LIHP and Medi-Cal managed care models in different counties.

We provide additional detail on our recommendations below.

1. *Automatically transferring MCE enrollees into the Expansion.*

We are pleased that the transition plan will automatically transfer all MCE enrollees into the Medi-Cal expansion without a need for additional information or processing. An automatic transfer will help reduce coverage gaps and minimize disruptions to care, thereby preserving the health of low-income Californians. We commend DHCS for working with CMS to ensure as seamless a transition as possible for LIHP enrollees.

In addition, while we recognize that this draft plan is narrowly focused on the LIHP Transition, we remind DHCS that there are currently estimated to be over 8 million people who are uninsured in California. Thus, the LIHP population captures a small fraction of the people in the state who may qualify for the Medi-Cal expansion. We realize the state is still making policy decisions about how best to implement Medi-Cal expansion, but we urge the state to integrate plans for transitioning LIHP enrollees with a plan to notify the non-LIHP population, and to consider a method that informs them of their ability beginning in October 2013 to pre-enroll into coverage options available in 2014.

2. *Suspend redeterminations, or at least ensure that notices clearly explain that enrollees must continue to comply with LIHP redetermination process.*

We urge DHCS to work with the legislature and CMS to suspend redeterminations for LIHP enrollees after October 2013. Suspending redeterminations will minimize confusion and promote continuity of care for LIHP enrollees who might otherwise fail to continue in their LIHP coverage, and, as a result,

become ineligible to automatically transition into the Medi-Cal Expansion. Currently, as many as 50-60% of LIHP enrollees fail to complete the redetermination process. This population is still learning how to use medical homes and a managed care model, and the risk of losing them just as they are transitioning to Medi-Cal is very high and largely preventable. The large drop-off rate at redetermination will hamper efforts to maximize Medi-Cal Expansion enrollment on January 1, 2014.

And we are concerned that the drop-off rate will increase when enrollees receive notices about the Medi-Cal Expansion, since some enrollees may mistakenly believe they do not need to complete their redeterminations in order to be automatically transferred to the Expansion. This is a well-founded concern, as one of the very messages DHCS is planning to tell LIHP enrollees in the notices is that they do not have to do anything to roll their coverage into Medi-Cal. The idea that LIHP enrollees would understand that while this is true they will still need to comply with redetermination procedures is far too much to expect and runs the risk of inviting non-compliance.

CMS Guidance entitled "Facilitating Medicaid and CHIP Enrollment and Renewal in 2014," released last month, states the option to delay renewals in the first quarter of 2014 for Medicaid beneficiaries to avoid errors and protect beneficiaries.² CMS will likely allow DHCS to suspend LIHP redeterminations in the last quarter of 2013 for similar reasons. DHCS should pursue this option vigorously.

While we strongly urge DHCS to mandate that LIHPs suspend redeterminations statewide, it is our understanding that for some LIHPs it would be nearly impossible to do so because of technical and logistical obstacles. But there are other LIHPs that have the ability to suspend redeterminations and want to do so in order to maximize enrollee retention for the transition.

Given the distressingly low redetermination rates that LIHPs have experienced and the high risk of confusing MCE enrollees with redetermination notices combined with the Expansion notices, we recommend that DHCS allow LIHPs the option to either continue or suspend the redetermination process from October to December. At least then the MCE enrollees in the LIHPs that are able to suspend redeterminations will not be at risk of "falling off" coverage and being left behind in the transition process.

If DHCS is not able to obtain approval to suspend redeterminations from October through December either statewide or on a program-to-program basis, it should work with the LIHPs to identify enrollees who will be up for redetermination in this time period so that they receive a set of specialized notices that emphasize the need to complete the redetermination process in order to maintain coverage for 2013 and 2014. If this information is not made clear, we worry that many enrollees will fail to take action at redetermination under the misperception that they will be automatically enrolled into the Expansion without any action needed.

If separate notices for enrollees with redeterminations between October and December are not feasible, DHCS must ensure that all of its notices clearly explain that some enrollees will need to comply

² CMS, Dear State Health Official Letter #13-003, May 17, 2013, available at <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SHO-13-003.pdf>.

with their LIHP redetermination process before December 31, 2013, in order to be automatically transferred into the Expansion. We urge DHCS to share its drafts of the notices with stakeholders with enough advance notice so that meaningful feedback can be provided regarding this critical language.

3. *Ensure that notices tell consumers what action they need to take and how to get help.*

a. Notices should include a local number for consumer assistance.

The draft plan states that notices 1 and 2 will include contact information for assistance. The draft plan states that “[t]hroughout the transition, DHCS will make the transition activities, timeline, and contact information for the Medi-Cal program and Covered California available to LIHP enrollees, health plans, advocacy groups, community-based organizations, LIHPs, Covered California (including service-center staff) and enrollment assistors.” We applaud this commitment, and urge DHCS to work closely with local LIHPs to ensure that all notices clearly explain where enrollees can receive local, in-person assistance with transition questions.

In addition, DHCS should work with Covered California to include local contact information for its contracted consumer assistance entities on all notices, especially notice 1 and 2B, which will be aimed at those potentially eligible for Covered California. This information should also be provided on DHCS’s consumer-oriented LIHP Transition website.

b. Consolidate MCE notices to minimize confusion and emphasize action.

We are concerned that the draft plan will flood MCE enrollees with multiple notices that will confuse enrollees. The first two notices will contain information only and will not require MCE enrollees to take action. After receiving two notices that do not require action, enrollees may not pay close attention to the third notice they receive, which will require them to evaluate their plan options and take affirmative action.

To avoid confusion and help enrollees focus on action, we suggest consolidating the information of notices 2A and 3A into one notice. Furthermore, EACH notice, including those that do not contain a requirement to act, should have language on it that indicates that they will need to take action later, and to be sure to comply when they get notices that ask them to pick a health plan.

Notice 2A merely informs MCE enrollees that they will be automatically moved into the Medi-Cal Expansion, assuming that their eligibility does not change before December 2013. Notice 3A is the first “action” notice MCE enrollees will receive, and will allow enrollees in Two-Plan, GMC and Regional Model counties to choose a plan and for those in a County Organized Health System the COHS plan, and all enrollees to opt-out of the Expansion. If these notices are combined, enrollees will learn that they are going into the Expansion, and receive information about their choices and the actions they can take at the same time.

Getting all of this information at once will be less confusing for enrollees, and will help them understand why action is needed. We believe that if notice 2A and 3A are combined to one notice, enrollees will be

more likely to select a plan, which from a consumer choice perspective is preferable to being auto-assigned to a plan. We suggest that this combined notice be co-branded by the LIHPs and DHCS.

c. Notice 2B should provide detailed information about the CalHEERs application and Covered California.

HCCI enrollees will have to complete an application through CalHEERs to determine whether they are eligible for the Medi-Cal Expansion or for subsidized coverage in Covered California. Since these enrollees will have to take several additional steps to ensure that they transition into coverage on January 1, 2014, the notice for this group must be worded carefully to explain all the steps required. Providing contact information for local consumer assistance programs will be particularly important for this group to ensure that they get the help they need to complete an application.

In addition, LIHP enrollees who will be moving from the LIHPs into Covered California will experience a major shift in coverage. They will be moving from a no-cost delivery system to paying premiums and cost-sharing in private health plans that will look very different from the LIHPs. These enrollees will need a significant amount of information to understand the transition and to participate in Covered California. The notice should give a short introduction to Covered California and explain how advanced premium tax credits and cost-sharing subsidies will work, with concrete examples. DHCS must collaborate closely with Covered California to develop these notices and any accompanying materials based on the outreach and marketing work that Covered California will be doing for the broader population of subsidy-eligible individuals.

Such detailed information will permit families to begin planning their expenses if they might be moving from LIHP to Covered California and will have to begin paying for coverage in 2014. With such low incomes, these consumers tend to budget their money very carefully and unexpected expenses, even small ones, can be catastrophic. So it's critical for those households to know that there may be extra expenses coming in the next year.

4. Notices should be sent when enrollees can take action, and in coordination with outreach and training activities.

a. Send the first notice in late August or early September to allow for stakeholder training and coordination with Covered California.

The proposed timeline will have LIHP enrollees receiving a general information notice several months before they can take any action, and before county workers and CBOS have participated in outreach events that will provide them with detailed information about the notices and the transition. In addition, under the current timeline, enrollees will receive the first notice before Covered California launches its paid media efforts (scheduled for early August, 2013), and it has completed its Assister training (scheduled for late August, 2013).

One of the lessons learned from the SPD and Healthy Families transitions is that stakeholders need to see notices and talk to the Department about anticipated questions *before* the notices are sent out. When county workers and community partners are unfamiliar with notice content, and have not

received training on potential questions or issues, consumers receive misinformation and may end up even more confused.

Thus we suggest that the first notice instead be sent to enrollees in late August or early September, after DHCS, UCLA and UCB have convened the four regional outreach events. In this way, the regional outreach events can be used to train county staff and community partners on the content of the notices **before** consumers come to them with questions, and will help to ensure that all partners have sufficient information to give consistent answers.

Sending the first notice in late August or early September will also better coordinate with Covered California's outreach and messaging. By then Covered California's media campaign will have launched, and it will have completed its assister training. By coordinating the timing of the first notice with Covered California's planned activities, DHCS and Covered California can help to ensure that LHP enrollees, especially those in the HCCI, have a framework for understanding the new insurance marketplace, and can potentially use the services of trained assisters if they have additional questions.

Finally, we suggest holding the annual statewide LHP Convening after the first notice has gone out. That way, stakeholders could give feedback on their experience with the first notice to inform the process for subsequent notices. Furthermore, an expedited review process must be included to allow stakeholders familiar with consumers' most common misunderstandings and barriers to flag issues of language, content, tone and confusion to make the later notices more likely to succeed in their messaging.

b. Send the second notice after Covered California has begun open enrollment so that HCCI enrollees can immediately apply for coverage.

The second set of notices should be delayed to the first week of October. As described above, we urge DHCS send a second notice to MCE enrollees that informs enrollees that they will be automatically transferred to the Medi-Cal Expansion and their plan choices, and that HCCI enrollees receive a detailed notice explaining that they must apply for subsidized coverage in Covered California.

Delaying the second notice to early October will especially help HCCI enrollees to take timely action to initiate an application in Covered California. While CalHEERs is planned to go live in August, 2013, Covered California will not begin enrollment, and the Single Streamlined Application will not be available, until October 1, 2013. If they receive the second notice after Covered California has gone live, and the call centers have begun operation, HCCI enrollees will be able to immediately take action and initiate an application for advance premium tax credits and cost-sharing subsidies in Covered California.

c. Send Medi-Cal plan information to enrollees before coverage begins.

The draft plan states that DHCS will provide managed care plans with enrollee information in late December, 2013, and expects plans to provide plan-specific information "shortly after January 1, 2014." For enrollees who fail to make a selection and are defaulted into coverage, we understand that there may not be a way to ensure that they get plan information before coverage begins on January 1.

But for enrollees who choose a plan before late December, we urge DHCS to provide their information to plans as soon as possible, so that the plans can send them information before the end of the year. By getting the information in advance, enrollees will better be able to plan for ongoing care needs, and arrange for any changes in providers before January 1.

5. *Stakeholders must receive information and training before notices are sent to consumers.*

a. *DHCS and the LIHPs must provide adequate staffing and training to assist consumers with the transition.*

According to the draft plan, each LIHP will answer enrollee questions about the transition in 2013, and DHCS and Covered California staff will also be available to provide assistance after the second notice is sent. We are pleased that many counties are in the process of adding additional staff in anticipation of the Medi-Cal Expansion, and we hope that some of those staff will start work in time to help with the LIHP Transition as well. We are concerned about whether the Medi-Cal Ombudsman has sufficient staff to help LIHP enrollees with the transition, and we urge DHCS to direct additional resources to ensure that the Medi-Cal Ombudsman can handle the added call volume caused by the transition.

Most importantly, DHCS should collaborate with the LIHPs and Covered California to ensure that all staff who will be providing transition assistance receive adequate training. A lesson learned from the SPD and Healthy Families Transitions is that county and state staff must be trained and given FAQs in advance of notices to enrollees to ensure that beneficiaries receive consistent and accurate transition information. LIHP, Medi-Cal and Covered California staff must be familiar with the notices that enrollees will receive, and have answers to anticipated frequently asked questions. Training topics should include the transition notices and process, Medi-Cal Expansion, and Covered California, including basic information about advance premium tax credits and cost-sharing reductions. FAQs should also be available on the LIHP Transition website and provided to other CBOs and stakeholders.

b. *Develop and maintain a consumer-oriented LIHP Transition website.*

We are pleased that DHCS adopted consumer advocates' November recommendation to develop a consumer-oriented LIHP Transition website, and that it plans to launch this website this month. This website should complement the information that enrollees will receive in notices and provide links to Covered California's consumer website, consumer assistance programs, and other relevant resources. We urge DHCS to include the website's URL on all notices, so that consumers can easily use the website to supplement the information they get from the notices. The website should include translated tag lines and a toll-free number to call for assistance in any language so that those with access to the Internet may be able to get the information they need about the transition. DHCS should solicit stakeholder input on the website, and introduce the website as part of its training for county and state workers and other stakeholders who will be assisting enrollees during the transition.

c. *Account for different delivery system models in regional LIHP transition meetings this summer.*

We are glad that DHCS is planning to move forward with four regional meetings to discuss the transition with stakeholders. We urge DHCS to use these meetings as an opportunity to introduce its notices and consumer-oriented website to community partners, and to ensure that all partners have complete and accurate information about the transition process. We appreciate that, for logistical reasons, it makes sense to organize these meetings based on region. We remind DHCS, however, that the counties in a given region may vary widely in their delivery systems for both LIHP and Medi-Cal. For example, in Southern California, Imperial's LIHP is run by the County Medical Service Program through a contract with Anthem Blue Cross, while Orange County's LIHP is run by the County Health Care Agency. Meanwhile, for Medi-Cal, Riverside County has a Two-Plan Model, San Diego has Geographic Managed Care, Orange County has a County-Organized Health System, and Imperial County is proposed to implement a One-Plan Model.

The regional meetings should include information specific to all of these models and explain the differences in the transition for each. DHCS should also plan to address at all of the regional meetings a strategy to assist counties in pre-enrolling their non-LIHP enrollees, i.e., the counties section 17000 populations, to Medi-Cal. Furthermore, all regional meetings need to be announced early and provide an opportunity for call-in or webinar participation, as many interested stakeholders will be unable to travel or participate in person.

If you would like to discuss any of these recommendations, please contact Abbi Coursolle at the National Health Law Program (310-736-1652 or coursolle@healthlaw.org) or Shirley Sanematsu at Western Center on Law and Poverty (213-235-2638 or ssanematsu@wclp.org) to coordinate a call between DHCS and consumer advocates to expand on the suggestions set out in this letter.

Again, thank you for this opportunity to provide our input. We look forward to continuing to work with DHCS on the Transition.

Sincerely,



Abbi Coursolle
National Health Law Program



Shirley E. Sanematsu
Western Center on Law and Poverty

And on behalf of:

AIDS Project Los Angeles
Alliance of Californians for Community Empowerment
American Cancer Society Cancer Action Network
Asian Pacific American Legal Center
California Pan-Ethnic Health Network
California Primary Care Association
Health Access
The Health Consumer Alliance

Legal Aid Society of San Diego, Inc.
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