



November 9, 2012

Via Electronic Mail

LIHP Transition Team

LIHPTransitionProject@dhcs.ca.gov

RE: Comments on Draft Communication and Outreach Strategy Framework for Low Income Health Program Transition

Dear LIHP Transition Team:

We appreciate this opportunity to give our feedback on the proposed Communication and Outreach Strategy Framework for the LIHP Transition to 2014. On behalf of the Western Center on Law and Poverty, American Cancer Society Cancer Action Network, Inc., Asian Pacific American Legal Center, California Pan-Ethnic Health Network, the Health Consumer Alliance,¹ and the National Health Law Program, we submit these comments for your consideration.

Summary of Key Recommendations

- Provide LIHP enrollees with two notices about the Transition – the first to provide general information about the transition, and another regarding the enrollee’s transition to either Medi-Cal or the Exchange.
- Adopt a three-step communication and outreach process that involves, as a first step, trainings for front-line personnel about the transition, followed by suggested “drop dates” for the two notices described above.

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.

- Develop a consumer-friendly Transition to 2014 website that “goes live” by June 2013 and can be used as an informational site for the public on the Transition.

Our recommendations are detailed below.

1. We strongly urge the LIHP Transition Team to adopt the proposed two-notice system as described in the draft Communication and Outreach Framework

With respect to the number of written notices to be sent to LIHP enrollees about the Transition, DHCS’s Communication and Outreach Framework describes what we understand to be a two-notice structure. The initial notice would provide general information about the Transition and convey a “what to expect” message. The second notice would be the “action” notice, in that it either notifies enrollees of their Medi-Cal eligibility plan assignment or notifies them that they are being routed to the Exchange, now known as Covered California.

We support DHCS’s proposal of providing LIHP enrollees with two notices regarding the Transition. But at last week’s LIHP Stakeholder Workgroup meeting, the tenor of the conversation regarding the optimal number of notices seemed to shift away from sending two notices to sending only a 90-day, i.e., by October 1, 2013, “action” notice. We believe such an approach would be a critical mistake.

We firmly believe sending only one notice would be insufficient to properly alert people about the upcoming fundamental change in the delivery of their health care. While everyone involved in this process is committed to making the transition for LIHP enrollees to Medi-Cal or Covered California as seamless as possible, as Len Finocchio acknowledged at the meeting, there will most certainly be “bumps in the road.” One way to smooth those bumps is to give people enough advance notice about the Transition generally so they have the opportunity to understand that a change will be coming in the delivery of their health care, and then to provide them with clear and concise information about the specifics regarding the future source of their care, i.e., Medi-Cal or Covered California, as of 2014.

We also believe it is particularly important to send two notices as opposed to just one in light of the advent of Covered California. While some LIHP enrollees may be familiar with the Medi-Cal program, Covered California will be an unknown product. Providing a general notice about the Transition that informs people about the possibility for those with relatively higher incomes that they may be routed to Covered California gives people the chance to gather information and educate themselves about their options and what to expect.

Another reason an advance general notice is important is so families can begin planning their expenses accordingly 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.

Finally, it is also important for people with chronic conditions to be informed of the upcoming Transition so that they have enough time to plan and schedule treatments, surgeries, procedures, prescription refills, etc. before the LIHPs end. This would give the savvy consumer a chance to try and avoid any potential bumps in the road on the way to the Transition by end-loading in 2013 needed services. For these reasons, we strongly recommend that two notices be used to inform people about the Transition.

2. To support the two-notice system, we recommend that a three-phase communication and outreach framework be adopted that puts education and training of front-line personnel as the first priority for 2013.

In addition to the number of notices regarding the Transition, the next most discussed topic among the Workgroup involved the timing of such notices, with the oft expressed view that notices should not be sent out too early in 2013 as that would create confusion.

While we agree that the timing of the notices is critical, a corollary to that issue is that whenever notices are sent, it is equally important that the professionals who provide information to persons who receive public benefits, *i.e.*, county workers, health care providers, legal services advocates, and advocates at other community-based organizations, are themselves knowledgeable about the Transition so they can provide correct and helpful information to the public. It was noted during the Stakeholder Workgroup meeting that notices were recently sent to families regarding the Healthy Families transition to Medi-Cal. With little to no time spent on educating front-line staff about the transition, people felt poorly equipped to answer the inevitable surge of queries that began after the notices were sent.

With this in mind, we urge the Transition Team to consider the following three-phase communication and outreach plan.

Phase I, January - June and September 2013: Phase 1 would begin in the first half of 2013, with education and trainings targeted to front-line personnel at county offices, community based organizations, legal services organizations, clinics and hospitals so they will be prepared to answer questions about the Transition from the public. A second round of education and trainings would begin in September to

prepare personnel to answer more questions that are specifically tied to Medi-Cal and Covered California.

Phase II, July - August 2013: We propose a timeframe of July and August for Phase II, the delivery of a general notification – one drafted for LIHP enrollees and one for non-LIHP enrollees – to inform them about the Transition and their potential eligibility for either Medi-Cal or health care options under Covered California.

We note that this recommendation for Phase II includes the development of a general notification about the expanded health care opportunities in 2014 for non-LIHP enrollees. With over 8 million people who are uninsured in California, the LIHP population captures a small fraction of the people in the state who may qualify for health care under the Medicaid expansion. We realize the state has not yet made important policy decisions about how best to roll out the 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 allows them to pre-enroll into coverage options available in 2014.

Phase III October – November 2013: Phase III would entail sending the second notice, the “action” notice, to LIHP enrollees that informs them if they have been routed to Medi-Cal or Covered California. We recommend a “drop date” for such notices to be no earlier than October 1, and that such notices be preceded by trainings of front-line staff to prepare them to answer more detailed questions.

- 3. As consumers are increasingly using the Internet to educate themselves and gather information about public benefit programs, we recommend that the LIHP Transition Team develop a “Transition to 2014” website that consumers can access to learn about the Transition.**

Advocates note that their clients are becoming increasingly computer literate and use the Internet to learn about public benefit programs and their rights. We therefore recommend that the state develop a consumer-friendly website about the Transition with 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 gather information about the Transition to Medi-Cal and Covered California. DHCS’s current LIHP Transition website is focused on providing information to LIHP administrators and other professional stakeholders. A consumer-based website, such as the MRMIB website that provides information about PCIP and MRMIP to the public, would be a valuable resource.

If you would like to discuss any of our suggestions, please contact Shirley Sanematsu at Western Center on Law and Poverty (213-235-2638 or ssanematsu@wclp.org); she would be happy to coordinate a conference call with your staff and advocates.

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

Very truly yours,



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/s/

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