ACA Planning Group
MEETING NOTES

Tuesday, April 30, 2013
3:00 PM to 4:30 PM

In Attendance:

Adams	Lana	Consultant	Jay	Diane	Health Agency- PH
Black	Robert	Hopspitals- SV, Controller	Kelly	Nora	Health Agency- PH
Bollinger	Marsha	Consumer Rep	Kenitz	Kelly	County- Sheriff's- Custody Div
Bolster-White	Jill	Transitions MHA- ED	Khan	Edie	AIDS Support Network
Borenstein	Penny	Health Agency- PH	Kilburn	David	AIDS Support Network
Brown	Leslie A	County Administration	Lassen	Abby	CA Rural Legal Assoc.volunteer
Cameron	Sue	Health Agency-PH/Jail Medical	Lewis	Cathy	AIDS Support Network-SLO HEP C
Carsel	Becca	First 5-Health Access Trnng Cnsltnt	London	Rick	United Way- CEO
Collins	Lee	DSS-	McIntosh	Grace	CAPSLO-
Diringer	Joel	Diringer & Associates	Merkle	Theresa	CenCal Health-
Ditmore	Jolie	Medicorp	Miller	Jackie	Health Agency- BH
Dudley	Pam	Health Agency- PH	Pirkl	Rollie	Hospitals- SV, CFO
Durham	Eva Esparaza	Vision Unida	Purcell	Deanne	County- Sheriff's- Custody Div
Fleming	Raye	CAPSLO-	Raymond	Jean	Health Comm- Adult Svcs Policy Cncl
Framberger	Michael	Health Insurance Consultant	Schiro	Tracy	DSS-
Garcia	Pati	DSS-	Shay	Jennifer	Health Agency- PH
Gilman	Amy	CovCA Grant Contractor	Smith-Cooke	Scott	Health Comm
Gonzales	Gloria	County- Sheriff's- Custody Div	Stets	Natalie	The LINK
Graber	Star	Health Agency- BH	Taylor	Mike	Health Agency- PH
Hale	Tom	ER Physician- TC	Underwood	Sandy	Dignity Health
Hamm	Jeff	Health Agency-	Walter	Natalie	DSS-
Hascall	Brian	County- Sheriff's- Custody Div	Wells	Jason	First 5

APRIL 30, 2013 ACA PLANNING GROUP MEETING

Welcome & Introductions	Penny Borenstein
Policy Updates	Joel Diringer
• Federal regulations • Covered California (Health Exchange) • Medi-Cal expansion	
Outreach & Enrollment	Penny Borenstein
• Updates on grant applications for Outreach/Education • Enrollment – Who in the community will be doing what? • Transition of CMSP to Medi-Cal and Covered CA • Healthy Families transition – DSS and CenCal	• Lee Collins, DSS • Theresa Merkle, CenCal
Organizing Care and Coverage in a New System	Joel Diringer
• How do we approach the issues?	
Planning Group Activities	Joel Diringer

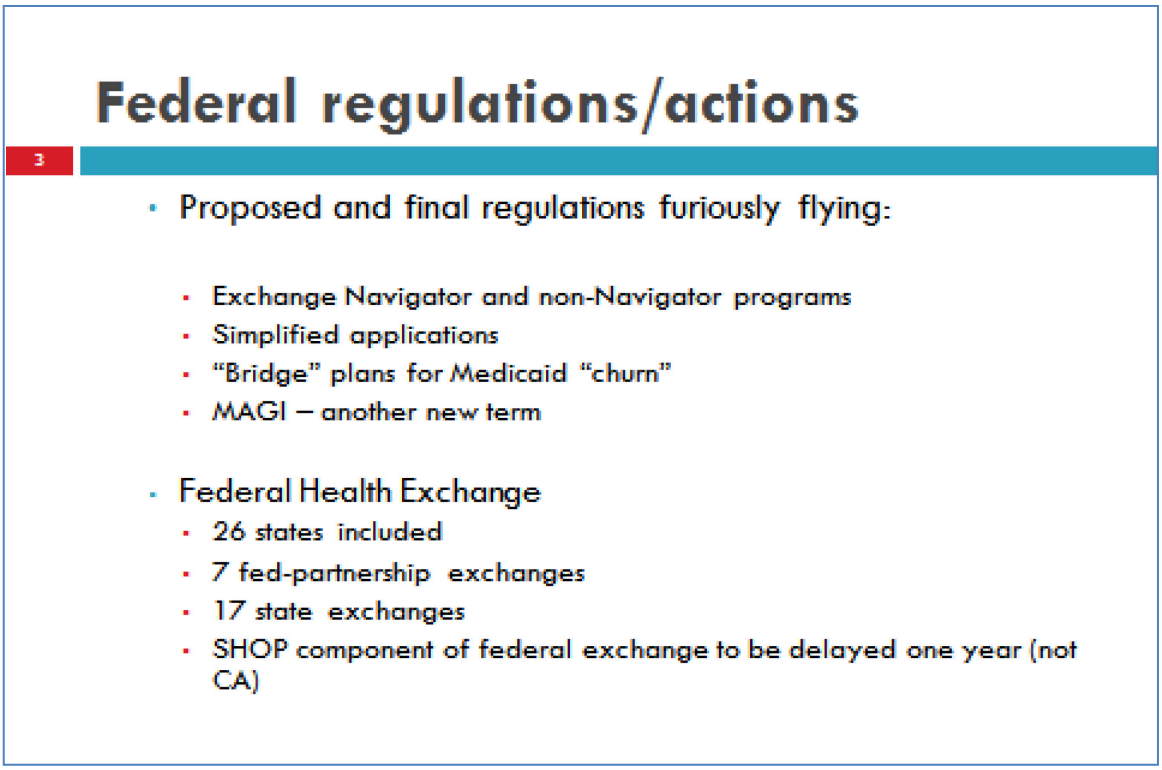
• Organization—committees, committee leads
• Future topics:
  ○ Behavioral health parity and integration
  ○ "Residual uninsured"
  ○ Provider capacity
  ○ Care coordination
• Others who should be invited?	

Proposed Next Meeting: Tuesday, May 28, 2013, 3:30 to 5:00, Location TBD

Joel Diringer welcomed the stakeholder representatives to the third meeting of the ACA Planning Group and noted many new stakeholders in attendance. Mr. Diringer stated that these meetings provide a forum for sharing general information and concerns about the Affordable Care Act and that more detailed discussions occur in the subgroups, and invited those in attendance to sign up for a subgroup they would like to participate in, or to form a new one, if needed.

Mr. Diringer began the meeting's presentation (slides inserted below) by updating the group on recently proposed federal regulations.

The proposed Bridge Plans are intended to insure those individuals in between Medi-Cal or an Exchange plan, usually due to a fluctuating income that bounces them in and out of eligibility thresholds. How income is determined has also changed. MAGI stands for Modified Adjusted Gross Income and using tax-based income will be the new method of determining Medi-Cal eligibility; however, actual family size and tax deductions may obscure a person's true income and cash flow.



The federal government will run 26 state exchanges. Covered California is the name of our state-based exchange, which is the insurance marketplace where individuals and small businesses can go to compare and apply for health plans. Covered California operations are quickly ramping up to staff call centers, establish the consolidated system for eligibility, enrollment, and retention system, and evaluate the 177 applications received for outreach and education grants. Callers will first be handled by the state run call centers and will be transferred to the local county call center if the caller needs help with Medi-Cal. Lee Collins, Director of the County's Department of Social Services (DSS), added that DSS is currently developing their call center and has also entered into an agreement with 18 other counties to handle high-volume overflow.

Due to federal subsidies, lower income individuals will pay less for a full coverage plan, and those not eligible for subsidies (incomes > 400% FPL) will only pay a little more than what they pay based on current insurance premium increases. More information is available on the Covered California website.

Covered California

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- 3 State customer service call centers established in Fresno, Contra Costa and Sacramento Counties
  - Different than County social services Consortia call centers
  - Hiring now; to be operational in October 2013
- Actuarial analysis of premium costs
  - Lower income individuals (<400% FPL) purchasing an individual plan next year are likely to pay about 47 to 84 percent less in monthly premiums compared to 2013.
  - Those earning above 400% FPL may see a cost increase that would average 20 percent due to increases in their monthly premiums but would be partially offset by reduced out-of-pocket cost.

The California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) is the one-stop system that will include an internet portal where individuals and small employers apply for coverage through the Exchange. CalHEERS will use a single application for all health plans, including Medi-Cal. Medi-Cal eligibility will still be determined at the local level. A webinar on CalHEERS is available through the Covered California website.

Covered California

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- California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS)
  - Consolidated system for eligibility, enrollment, and retention for the Exchange and Medi-Cal
  - To be available October 1, 2013 with additional functionality to be implemented later
  - Access to federal data hubs: IRS, DHS, SSA
  - Health-e-App to be re-routed to Covered CA
  - Target audience: Californians, 6th grade literacy, English proficient, Online proficient; urban/rural. Agents, assisters, individuals and families.
  - Ongoing cases handled at the "agency of record" (e.g., Medi-Cal handled by counties; Exchange by Central Service Center)

Covered California

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- Outreach and education grants
  - Received 177 application for $116 million total requested ($40 million available)
  - Mid-May decisions to begin July 1, 2013
  - Round 2 process to be determined at May 23 Exchange Board meeting

The Public Health Department applied for the Outreach and Education grant, which Dr. Borenstein discussed in more detail later.

Mr. Diringer stated that the Assisters Program was developed to provide hands on assistance to educate and enroll eligible Californians into plans available on the Exchange. The Assisters Program includes the In-Person Assisters and the Navigators. The In-Person Assisters are compensated $58 for each successful enrollment into a Qualified Health Plan and $25 for annual renewals. The Navigator Program is funded through a grant. Navigators and Assisters will provide many of the same services, but Navigators will also conduct public education activities.

Covered California

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- Application assistance
  - In-person Assister Program
    - Flat fee compensation for successful applications and renewals – beginning Oct 2013
    - Funded by federal grant
    - Applications Summer 2013; Training August 2013
  - Navigator Program
    - Grant based program beginning later in December 2013
    - Funded by health plan assessments
    - Grant RFP – Late June 2013
    - Applications due August 2013; Awards – October 2013
    - Enrollment Assistance – December 2013
  - Agents – non compensated

Mr. Diringer concluded his presentation by explaining that the Medi-Cal expansion plans have become intertwined with the state budget.

California will participate in the Medi-Cal expansion, but the Governor is negotiating with counties for the cost savings the counties should realize when ACA absorbs much of their indigent care responsibilities. Governor's budget revision is due out in mid-May and should reveal his plans.

Medi-Cal Expansion and County Re-alignment

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- No clear route to Medi-Cal expansion
  - Probably a statewide approach
  - Will probably be part of State Budget process
  - Lots of negotiation
- Legislative proposal to re-allocate $700 million of the projected $1.4 billion savings from the shift of county indigent patients to Medi-Cal to care for the remaining uninsured –
  - approximately 2 million legal residents and 1 million undocumented residents.
  - No position from Administration.

Outreach & Enrollment

Update on O&E Grant Applications

O&E Roles

Transitioning Existing Enrollees:
CMSP & Healthy Families

Dr. Penny Borenstein, Health Officer, next led the presentation on the various efforts concerning outreach and enrollment of eligible uninsured residents into either Medi-Cal or one of the plans available through Covered California. These efforts include the Covered California grant, the Blue Shield grant, and the Assisters Programs.

Update on O&E Grant Applications

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- Covered California (California's Health Exchange) Outreach & Education Grant
- Blue Shield of California Foundation (BSCF) County Enrollment Assistance Grant
- Covered California Assisters Programs: In-Person Assisters Program and Navigator Grant Program

The County applied as the lead agency for a Covered California grant that would convene and coordinate activities between partner organizations, each with established working relationships with targeted sectors of the population. Dr. Borenstein said the goal of this grant project is to educate people about the options available, and not to enroll the people, but to put them in touch with a trained assister who will help them to choose a plan and enroll. Approximately 70% of the effort will be conducting one-on-one education and 30% on outreach activities.

Covered California Outreach & Education Grant

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- Collaborative grant application submitted March 4th by:
  - PHD (Lead Agency)
  - CAPSLO
  - United Way of SLO
  - The Link
  - With additional participation by other organizations and individuals
- Covered California received 177 applications
  - Our application might be the only one specifically for SLO County
- Announcement of awards delayed until mid May—also delaying start of project for 2 months

Covered California O&E Grant

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- Grant Purpose: Maximize enrollment of eligible uninsured into Covered California programs through local outreach and education activities coordinated with the statewide campaign.
- Grant term: July 2013 through December 2014
- Amount Requested: $301,540
- Grant payments based on monthly performance reports
- Requires full-time Project Coordinator
- Grant partners partially reimbursed based on O&E performance
- Majority of staff expense is in-kind
- Activities
  - Outreach: Group presentations and special events
  - Education: One-on-one sessions lasting 10 minutes or more

Covered California O&E Target Market

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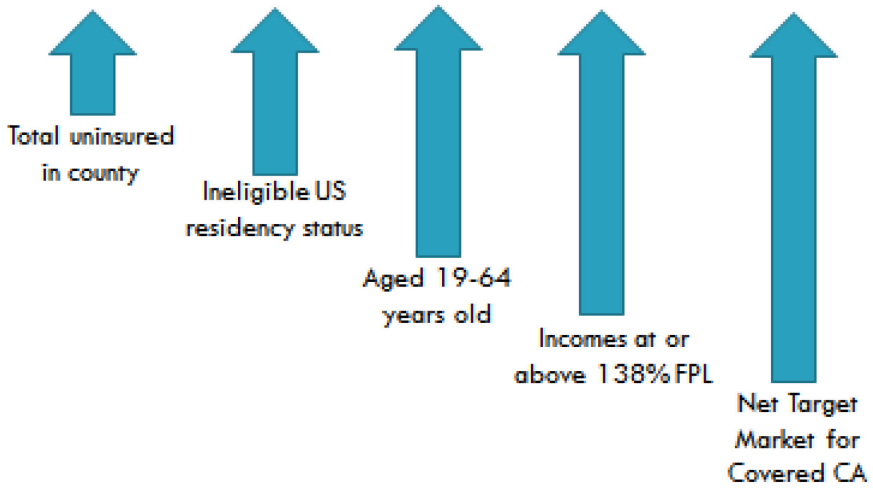
43,000 - 7,000 X 85% X 57% = 17,000



Dr. Borenstein noted that 25% of our target market is Spanish speaking and that is why it is so important we involve Spanish speaking outreach representatives.

Covered California O&E SLO Collaborative Estimated Reach

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- ✓ 56,800 reached through outreach
- ✓ 16,840 reached through education
- ✓ 32% Latino
- ✓ 25% Spanish speaking
- ✓ 62% are employed
- ✓ 60% with income 138-200% of FPL
- ✓ 30% with income 200-400% of FPL
- ✓ 10% with income over 400% of FPL
- ✓ 45% 18-34 years of age
- ✓ 40% 35-64 years of age

To reach as many consumers as possible, the grant project divided our partner outreach into sectors and each sector has a designated lead organization to keep the project on track.

Sector Approach

- Health care providers (Hospitals, Clinics, Private, Urgent Care)
- Human services (e.g., Head Start, Fairs/Events, Child Care providers)
- Education (K-12, Higher Ed)
- Business (Chambers of Commerce, Service Orgs.)
- Faith/Community-based (ministries/sites of worship, Latino/Promotora groups)

Dr. Borenstein noted that the BSCF grant is an adjunct opportunity for outreach and education targeting the Medi-Cal population. BSCF primarily wrote this grant to transition LIHP enrollees, but will also assist non-LIHP counties with transition efforts.

BSCF County Enrollment Assistance Grant

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- Submitted March 15th by PHD
  - Only county government agencies eligible to apply
- Notice of awards in mid June
- Amount requested: $114,639
- Grant term: 12 months, July 2013 – June 2013
- Purpose: Maximize enrollment of MIA in Med-Cal and Covered CA programs
  - Facilitate stakeholder engagement
  - Coordinate outreach, education, & enrollment efforts
  - Transition CMSP enrollees into Medi-Cal or Covered CA

There remains a lot of confusion about the two Assisters Programs and, at this point, Covered California is only adding to the confusion.

Covered California Assisters Programs

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TBD:

Some (not all) providers deemed not eligible Assister Enrollment Entities, citing conflict of interest.

State late in releasing In-Person Assister applications—still working out details.

- The ACA mandates that state exchanges employ Navigators to assist consumers with engagement and enrollment in public and private coverage options—gives states some flexibility in program design.
- CA establishes Assisters Program
  - Includes two similar programs with different funding sources
    - In-Person Assister Program (funded by Fed grant)
    - Navigator Program (funded by Exchange)
    - Each program requires linkage to an Assister Enrollment Entity

Outreach & Education Roles

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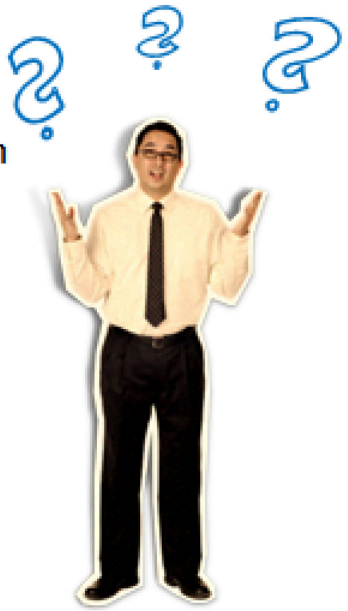
- Statewide marketing campaign coming soon. . . June?
- Campaign will trigger questions from our patients/clients.
- How will you help your patients/clients?
  - One-on-one conversations?
  - Provide informational materials?
  - Refer elsewhere. . . where?



Transitioning Existing Enrollees Into Medi-Cal

CMSP

Healthy Families

Dr. Borenstein said that the BSCF grant will provide funding to assist the Public Health Department with transferring the majority of CMSP enrollees into either Medi-Cal or a Covered California health plan. With or without the BSCF grant, the transition will happen. We hope to have 80% of the transitions completed by March.

Transition of CMSP Enrollees

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- ~3,200 enrollees
  - 2,100 (66%) eligible for Medi-Cal
  - 600 (19%) eligible for Covered CA health plan
  - 500 (15%) may not transition into full health coverage
    - ACA's US residency requirements are more restrictive
    - Miss the Covered CA open enrollment period
    - Exemption from individual insurance mandate

As many as 500 may not transition out of CMSP by March and the concern is that many will take advantage of the exemptions to avoid purchasing private insurance.

Categories of Exemption Draft Federal Rule

- Religious Conscience
- Health Care Sharing Ministry
- Incarceration (post-adjudication)
- Indian Tribal member
- Hardship (financial or domestic)
- Not lawfully present
- Short coverage gaps
- Household income below threshold (not hardship)
- Inability to afford

Enrollment may begin in October, but coverage begins in January. Before October, CMSP will start contacting enrollees to assist them with the transition. Once the majority of enrollees have transitioned, we do not envision keeping a fully functioning program. We will probably look to CenCal to perform administrative functions and to DSS to perform eligibility and enrollment functions. Residual CMSP enrollees will have the existing episodic and limited CMSP coverage.

CMSP Transition Strategies

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- In-reach education and enrollment
  - Educate staff
  - Provide clients with necessary information and access to enrollment resources
  - Leverage resources of Outreach & Education Grant Collaborative
- Transition planning and implementation
  - Perform comprehensive needs assessment
    - Administrative
    - Operational
    - Technical
  - Coordinate with CenCal Health, DSS, and CHCCC
- Stakeholder engagement
  - ACA Planning Group
    - Hire Group Coordinator/ Meeting Facilitator

Transitioning Healthy Families Enrollees into Medi-Cal

Updates from:

The Department of Social Services

and

CenCal Health

Pati Garcia, of DSS, updated the group on the multi-phased transition of Healthy Families enrollees into Medi-Cal and said that by the end of August, 99% of the Healthy Families transition will have been completed. Theresa Merkle, of CenCal Health, discussed how the transition into Medi-Cal has affected the availability of providers caring for former Healthy Families enrollees. Ms. Merkle said that CenCal has performed a gap analysis of provider adequacy and found that many of the Healthy Families enrollees already have pediatricians in the Medi-Cal network, and that they are currently hoping to contract with an additional four providers. The CenCal gap analysis indicates that the specialty provider network is adequate, with the exception of mental

health and dental care services. Ms. Merkle said that once the Healthy Families transition is fully complete in October, then they will have a clearer picture of provider availability.

The group discussed the two existing subgroups: Outreach Education and Enrollment (OEE), which was organized around the Covered California grant but have evolved beyond the grant project; and Care Coordination, which merged with the Specialty Services Subgroup.

The Care Coordination Subgroup needs more involvement of specialists and hospitals. The group is focusing their objectives around finding ways to improve case management and readmission rates and to share information about forming a health information exchange (HIE). Dr. Hansen, of the SLO County Medical Association, is engaging the health care community in discussions about forming an HIE. Ms. Merkle stated that the first meeting of this subgroup was really about finding out what everyone's primary concerns were.

The meeting concluded and interested stakeholders signed up to participate in one of the two existing subgroups.

Resources:

- Affordable Care Act: http://www.healthcare.gov/
- California Health Benefit Exchange: http://www.healthexchange.ca.gov
- Covered California: http://www.coveredca.com/
- Covered California Outreach & Education Grant: http://www.healthexchange.ca.gov/StakeHolders/Documents/Outreach_and_Education_Grant_Program.pdf
- California Budget Project: Medi-Cal expansion brief 4-2013: http://www.cbp.org/pdfs/2013/130402_Expanding_Horizons.pdf
- California's Proposed Budget Summary on Health Care Reform: http://www.ebudget.ca.gov/pdf/BudgetSummary/HealthCareReform.pdf