ACA Planning Group

MEETING NOTES

Tuesday, August 27, 2013
3:00 PM to 5:00 PM

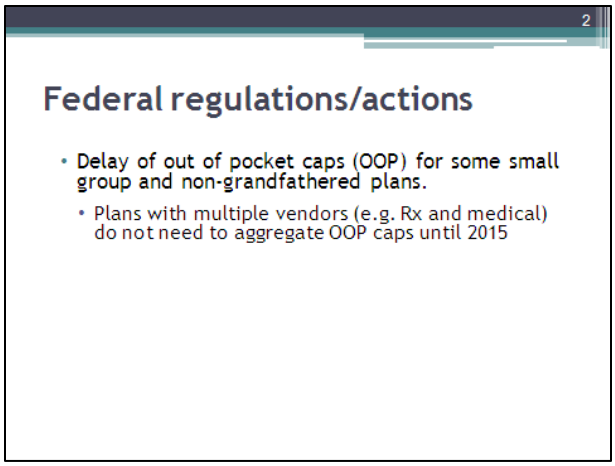
Public Health
Prevent. Promote. Protect.
San Luis Obispo County

In Attendance:

Aguilera	Fred	CHC	Heim	Gaby	French Hospital
Ayers	Peggy	DSS	Kelly	Nora	Health Agency- PH
Bartel	Trish	Twin Cities- Dir Business Dev	Kahn	Edie	AIDS Support Network
Bollinger	Marsha	Consumer Rep	Kilburn	David	AIDS Support Network
Bolster-White	Jill	T-MHA	Lassen	Abby	CRLA/community
Bommarito	Kevin	Senator Monning's Office	Lefevre-Latner	Christina	CSU HIEP
Borenstein	Penny	Health Agency- PH	Lewis	Cathy	AIDS Support Network-SLO HEP C
Brown	Leslie A	County Administration	May	Rachel	French Hospital ED
Camp	Teresa	Conifer Health	McKenna	Joan	Dignity Health
Carsel	Becca	First 5-HAT Consultant	Merkle	Theresa	CenCal Health
Cress	Sara	CHCCC	Shay	Jennifer	Health Agency- PH
Collins	Cindy	Behavioral Health	Stets	Natalie	The Link
Dady	Sonya	Conifer Health	Taylor	Mike	Health Agency- PH
DeSchryver	Joe	SVRMC	Torres	Dee	CAPSLO
Diringer	Joel	Diringer & Associates	Palmer	Melissa	French Hospital
Drabinski	Kevin	Field Rep- Assemblyman Achadjian	Quennell	Colin	Behavioral Health
Earl	Donna	French Hospital	Walter	Natalie	DSS
Enns	Lynn	Health Commission	Walters	Nancy	Sierra Vista
Gilman	Amy	Consultant	Wilburn	Kayla	CAPSLO
Gonzales	Gloria	Sheriff's Office	Warren	Sue	North County Connection
Hale	Tom	TCH, CCEP, Inc.	Wood	Craig	CHCCC

Joel Diringer, of Diringer and Associates, welcomed the stakeholder representatives and asked each person to introduce themselves and report any updates.

Christina Lefevre-Latner announced that she and another woman have newly been hired for the CSU Health Insurance Education Project; funded by a Covered California Outreach and Education grant, to conduct outreach and education at Cal Poly.



Slides from Mr. Diringer's presentation are inserted within these meeting notes.

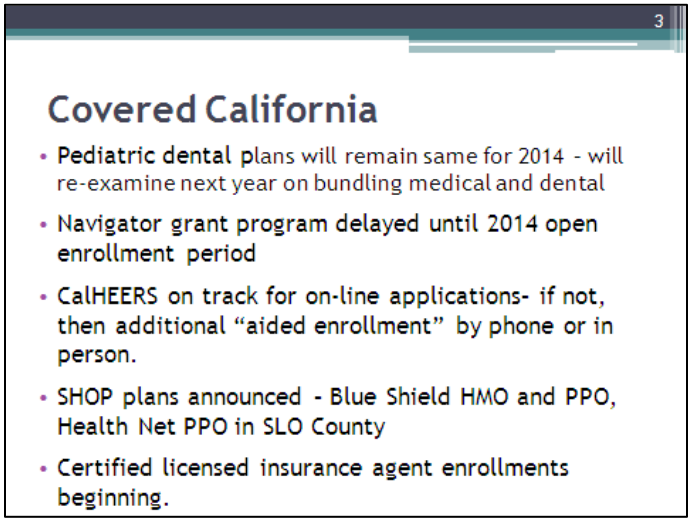
Affordable Care Act Implementation Updates

Mr. Diringer noted that while Health Care Reform/ACA is often in the news, much of it does not affect California. Newspapers are often reporting on issues pertaining to the federal effort to implement health exchanges in 26 states, which chose not to create their own as has CA.

An update that will affect CA is that due to complications in aligning the myriad of plans, the mandated cap on out-of-pockets expenditures – for small group plans that are outside of the health exchange - has been delayed until 2015. The cap will be in effect in 2014 for individuals and small groups within CA's health exchange, Covered California.

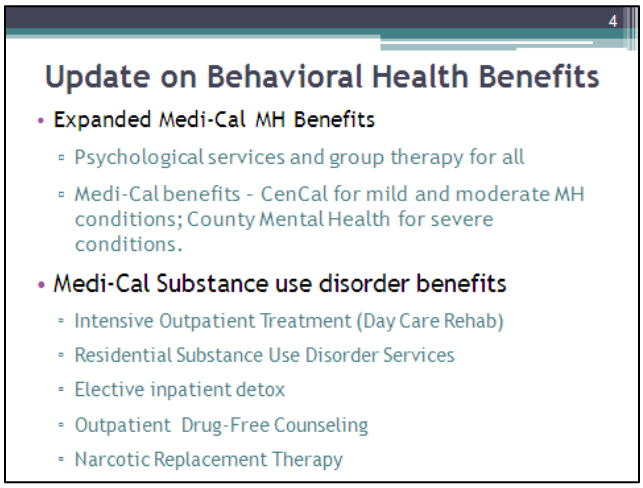
Covered California Implementation Updates

Mr. Diringer reported that Covered CA:



- Has been reviewing how to combine pediatric dental plans with medical. However, for 2014, pediatric dental will remain a separate plan, but still included as part of the essential benefits;
- The Navigator grant program is derived from assessments on the plan providers within the exchange, thus funds will not be available until next year; new plans issued;
- CalHEERS is intended to be central, streamlined application program. State representatives declare that it will be ready in time for Oct 1. In case, though, additional assistance will be made available; and
- Covered CA intended to train all interested private insurance agents in enrollment procedures. Approximately 2,000 people have signed up, causing the training to roll out slowly.

Behavioral Health Benefits Updates



According to information shared at an Insured the Uninsured Project (ITUP) Workshop, held August 23rd:

- Because existing Medi-Cal must also meet the minimum essential benefits, existing Medi-Cal enrollees will also benefit from expanded behavioral health services within their medical coverage;
- The actual description of services have not yet been defined; providers are awaiting this information;
- Mental illness services will be split between mild-moderate incorporated within Medi-Cal managed care; and severe illness will remain with County Mental Health Services; and
- Substance Use Disorders will be incorporated through County BH/Drug and Alcohol Services.

Queries/Issued raised:

- Will County DAS subcontract? It is not yet known, but any subcontractors will be required to be state licensed.
- What duration will be allowed for residential SUD care? Not yet known.
- The SUD provider network is extremely limited in our county, including for hospital detox.

Outreach, Education and Enrollment (OEE) Updates

The OEE Subcommittee met on August 16th; meeting notes are available at: www.slopublichealth.org/aca. The group agreed to make three informational flyers available for staff and consumers. These will be posted on the website.

1. ITUP's Health Care Reform: A Guide to the ACA; very dense, and intended as education for staff
2. ITUP's Health Care Reform, Consumer 1; intended as a discussion tool for staff with clients
3. ACA in SLO County; an overview to ACA changes; intended as a handout for background information.

The two consumer-level flyers are being translated into Spanish, with CenCal's assistance.

The group also reviewed the matrix of the various activities occurring within the county for outreach, education and enrollment and discussed where to prioritize the limited resources of the fledgling speakers bureau. Joel Diringer and Gill Blonsley have presented to groups thus far. Population areas identified were: Cal Poly and Cuesta; school parents; small businesses and Latinos.

Sponsored by Public Health, Diringer & Associates will provide an ACA training for county and community-based organization staff. The same training session will be given on Sept 18th and 25th at the Vets Hall.

Before the Sept 25th training, at 1 pm, there will be a press event with Rep. Lois Capps, also at the Vets Hall. Please attend.

The OEE subcommittee will meet again Sept 9th, 3:30 pm, at the Public Health Dept conference room.

Care Coordination Subcommittee Updates

The group did not meet in August, but is expecting to schedule a meeting in Sept. Per the meeting in July, the group has identified areas that they can work on.

In addition to the known increase in people needing care after obtaining health insurance, CenCal has been working on a Provider Network Adequacy report. It is expected that we will to expand especially in specialty areas, including behavioral health. An issue with medical providers joining the network has been the expected level of reimbursement from Medi-Cal and the health exchange plans. To help address the availability of specialty care, CHC is considering expanding their pool of specialists.

Additionally, the health care system could be assisted to be more efficient, ensuring the right patients reach the right provider; increased care coordination. Important to care coordination is Health Information Exchange (HIE). Dr. Hansen has been held some meetings on this with local providers, yet the implementation is slowed by the need to address IT security and HIPAA. Meanwhile, providers are improving their own electronic records systems.

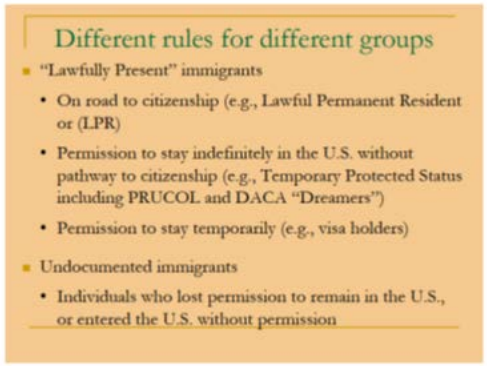
Care coordination could also be improved by incorporating intensive case management. The group will be looking into various existing models.

Queries/Issues raised:
What is the future of CMSP? Public Health is working on it, expecting to transition eligibility screening to DSS between Dec 2 and Jan 1 – depending upon training expected to occur at

DSS in early December. Discussions are also ongoing with CenCal to take on payment administration.

Immigration Eligibility under the ACA

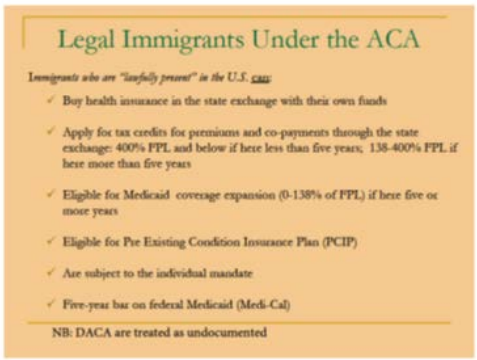
Mr. Diringer gave the presentation. Slides from the presentation will be made available at: www.slopublichealth.org/aca.



The ACA introduces a new term: 'lawfully present', which captures several categories of immigrants, including:

- Legal Permanent Residents (LPR), who used to be assigned a 'green card'; these persons have a path toward citizenship;
- Persons legally allowed to stay, but without a path toward citizenship, such as PRUCOL (Permanently Residing under Color of Law) and DACA (Deferred Action for Childhood Arrivals)*, and
- Temporary visa holders, such as student and work visas.

Lawfully present immigrants are subject to the individual mandate and tax penalty and allowed to purchase insurance, with subsides, on the health exchanges – except for DACAs*, by federal regulation. DACAs will be treated as undocumented.



Lawfully present immigrants are able to enroll in Medi-Cal, once they have been in residence for 5 years. CA, however, has developed special funding to enable lawfully present immigrants who have been here less than 5 years, <138% of FPL, to buy insurance through Covered CA with full subsidies.

Undocumented immigrants include those persons who have over stayed their visa or who have entered the county illegally.

Undocumented immigrants are exempt from the individual mandate and cannot purchase insurance on the health exchange, nor are they eligible for Medi-Cal. Low-income undocumented immigrants can access Emergency Medi-Cal. And, citizen or lawfully present children of undocumented immigrants can purchase insurance on the health exchange and are eligible for Medi-Cal. Undocumented immigrants can buy private insurance.

Undocumented immigrants may be able to access health insurance through their employer, or through SHOP. The SHOP is not supposed to verify eligibility beyond the list provided by the employer.

Undocumented Immigrants - ACA

- **Cannot** buy health insurance in the individual market of the insurance exchange(s), even with their own money
- **Cannot** apply for tax credits for premiums or co-payments
  - Exception: Eligible family members of mixed-status family should be eligible for tax credits
- Remain **ineligible** for federal Medicaid, CHIP, or Medicare
  - Exception: Emergency Medicaid
- Explicitly **excluded** from individual mandate to have insurance and related tax penalty

ACA VERIFICATION REQUIREMENTS

- Only applicants required to provide a Social Security number (SSN) and their immigration status.
- Citizenship or lawful presence must be verified for everyone enrolling in:
  - Private individual health insurance in the state exchanges.
  - Health insurance premium tax credits.
  - Medicaid and CHIP.
- Status will be electronically verified through:
  - Social Security Administration (SSA) for citizens.
  - U.S. Citizenship and Immigration Services (USCIS) for non–U.S. citizens via the Systematic Alien Verification for Entitlements (SAVE) database.
  - If unable to verify status electronically, enrollees have an opportunity to provide other documents or to fix the records.
  - Social Security number of a nonapplicant may be requested to electronically verify household income. If unavailable, other proof of income can be provided.
- Information about immigration status may be used only to determine an individual's eligibility.
- No citizenship/immigration verification for employer or SHOP coverage.

Only the person applying for the health exchange or Medi-Cal is required to provide their Social Security Number (SSN) and immigration status. However, other persons on the household plan may be asked for their SSN as part of verifying household income. The SSN will be electronically verified through US Citizenship and Immigration Services (USCIS) and Systematic Alien Verification for Entitlements (SAVE). Information about immigration status may only be used to determine eligibility, nothing else. [DSS has been using SAVE for benefit verification without any adverse impact to the person.]

Senate Immigration Reform S. 744

- "Registered Provisional Immigrant (RPI)
  - 10 years to "legal permanent resident" (LPR) status
  - no "means tested" eligibility during provisional period (full Medi-Cal, CalFresh, SSI, etc.)
  - Then, 5 year bar after LPR status or 3 years until citizenship
- DREAMer's
  - 5 years as RPI until eligible for LPR status – then, immediate citizenship available
- RPIs and DREAMer's ineligible for Exchange subsidies, but can pay full price
- Farmworker "Blue Card" status –
  - 5 years to LPR status, then 5 year bar on "means tested" programs.
  - No means tested programs during provisional period
  - No Exchange subsidies during provisional period

Immigration reform proposals are not expected to have much impact, except to possibly allow DACAs to buy insurance on the exchanges, without subsidies.

Queries/Issues raised:

- Will CMSP covered DACAs? Current policy suggests that they are not eligible for CMSP.
- Each 'emergency' is reviewed before Medi-Cal pays out on Emergency Care. It should be made clear that simply use of the ER does not necessarily qualify as 'Emergency Care'.
- Currently there is fear that applying for benefits will negatively affect applications for citizenship, but that is not supposed to occur.

Other Questions/ Issues raised:

- Covered CA's provider networks and rates have not yet been announced. Once released gaps in the network may be recognized and addressed. It is a trade off between choice and affordability.
- How is the state doing in their development and implementation of Covered CA? Considering the size of the program and the lateness of some critical decisions, the state is doing pretty well. Possibly within particular state and local departments there are specific concerns. Christina Lefevre-Latner reports that the Outreach and Education training that she received was very well prepared.

- CHC will be hiring 6 new employees to help with enrollment, possibly hiring even more considering the number of people using their services.
- Some disabled persons have a high share of cost; will this go down? New Medi-Cal enrollees will not need to do an asset test, possibly that will be a better option.

Mr. Diringer concluded the meeting. The next ACA Planning Group meeting is scheduled for September 17, 2013, 3:00 – 5:00 pm. A representative from Covered California will speak at this meeting.