

ACA Planning Group

MEETING NOTES

Tuesday, October 29, 2013
3:00 PM to 5:00 PM



Public Health
Prevent. Promote. Protect.

San Luis Obispo County



In attendance:

Linda	Balfe	CIT/Cambria Community	Ron	Freeman	Susan Polk Insurance
Trish	Bartel	Twin Cities Hospital	Susan	Hughes	First Five
Dave	Bernhardt	Transitions MHA	Nora	Kelly	Health Agency- PH
Jill	Bolster-White	Transitions MHA	Christina	Lefevre-Latner	Cal Poly - CSU HIIEP
Penny	Borenstein	Health Agency- PH	Rick	London	United Way
Leslie	Brown	County Administration	Rollie	Pirkl	Sierra Vista Reg Med Cntr
Rich	Burke	Zybex- Provider Relations	Jim	Pope	SLO Health Commission
Becca	Carsel	First 5-Health Access Consultant	Anne	Robin	Health Agency- BH
Sara	Cress	CHC	Theresa	Scott (Merkle)	CenCal Health-
Joel	Diringer	Diringer & Associates	Jennifer	Shay	Health Agency- PH
Kevin	Drabinski	State Assembly: ASM Achadjian	Scott	Smith-Cooke	SLO Health Commission / HICAP
Raye	Fleming	CAPSLO	Sue	Warren	North County Connection
Michael	Framberger	Health Insurance Consultant			

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

Outreach & Enrollment Updates

Insurance Agents:

Ron Freeman from Susan Polk Insurance reported that they had a slow start because the Covered California website wasn't working at first, but now they are very busy. Their office is seeing people in groups and then one-on-one with four agents. They have signed up more than 250 people in plans through Covered California. Some of these people had no prior coverage, and many are replacing nonconforming cancelled insurance plans. Some people are gaining access to insurance who couldn't afford it before, while others don't qualify for a subsidy and say they can't afford the new plans.

Mr. Freeman said that the health plans are finally contacting people for payment. The new payment deadline is January 6 but it keeps changing and another extension is anticipated. He is telling people to pay immediately when they receive a notice from their plan. Mr. Freeman warned, however, that he has heard reports of scammers calling people saying they're from Blue Shield and asking for credit card payments over the phone. Insurance companies will not call asking for credit card information.

Michael Framberger from Framberger Insurance joined Mr. Freeman and the two agents provided an entertaining account of their similar experiences. Mr. Framberger said his agency is mainly rewriting existing policies for clients who are eligible for a subsidy or whose prior nonconforming plans have been cancelled. He said that his clients haven't heard from the insurers and insurers report they haven't received the applications or can't find them. His clients are worried that they need to pay but have no way to pay.

Mr. Framberger noted that he was told by Covered CA staff not to mail or fax income documentation (tax returns, paystubs), but to upload them instead. Some days, uploading is possible while other days it is not. Also, it is recommended to apply to Covered CA through the website, not through a paper application as these are not getting entered into the system quickly.

The agents described two common letters sent out by Covered CA that have been confusing for people who receive them. In one, Covered CA writes “you have insurance for 90 days” when they mean that the person qualifies for the advance premium tax credit for 90 days and must send proof of income or the tax credit will be revoked. This is a separate issue from whether they have insurance, which depends on whether they've received a letter from the insurer and paid their bill.

In the second letter, Covered CA says “now it's time to choose a plan” even if a person chose a plan online. The ‘eligibility/enrollment’ and ‘choosing a plan’ parts of the software are not working together, so the system sends a letter to everyone who enrolls in Covered CA even if they do chose a plan right after completing the eligibility/enrollment component. As long as the person did choose a plan, they can ignore the letter.

Mr. Framberger stated that the drug formularies are different between Anthem and Blue Shield and that the formularies are more limited than they used to be. If the medicine is not on the formulary, buying it doesn't count towards one's maximum out of pocket because it is not a covered benefit. People can petition their insurance company to cover the medication or they can enroll in a patient assistance program. Others attending the meeting commented that insurers are required to cover a medically necessary drug if an equivalent is not included in the formulary.

The agents said that the Blue Shield and Anthem networks are the same as the insurers' non-exchange plans on the individual market beginning in 2014. Physicians are saying they won't take Covered CA, but they don't realize that all conforming individual plans are the same. Some doctors are confusing their patients by saying they will only accept gold or platinum plans, which refers to the patient's deductible rather than the doctor's reimbursement. Both agents said that if you need to know whether a doctor will take the new insurance, ask the office staff a question like: “Are you taking the new Anthem Covered CA insurance starting Jan 1?” They are advising people to first confirm the doctor takes their new insurance because the doctor can balance bill the patient if they don't accept their insurance plan.

Community Organizations:

Mr. Diringler summarized reports from last week's ACA Planning Group's Outreach and Education Subcommittee meeting. CHC and AIDS Support Network each have five Certified Enrollment Counselors assisting people enroll in coverage; primarily Medi-Cal. CAPSLO has two Certified Enrollment Counselors in training and three more will begin training in January. In addition, the hospitals have sent some of their billing staff for training as well. CHC reportedly processed over 600 Medi-Cal applications, of which 200-300 were from former CMSP patients.

Christina Lefevre-Latner said that the number of leads generated by the Cal Poly chapter of the CSU Health Insurance Education Project (HIEP) has been low, and so they decided to expand their outreach efforts to Cuesta and Allan Hancock Colleges. Leads they sent to Covered CA have not been given any follow up assistance, so now her group also refers students directly to the Certified Enrollment Counselors at the Aids Support Network and to the Covered CA website. Christina added that almost every Cal Poly student they refer appears to be eligible for Medi-Cal.

County Health Officer Dr. Penny Borenstein reported that the County Department of Social Services (DSS) processed over 1800 Medi-Cal applications and 54 applications for Covered CA.



Jennifer Shay of the Public Health Department commented on some more confusing communications coming from Covered CA. She said that some people who enrolled in Medi-Cal through the Covered CA website have received letters from Covered CA saying “thank you for applying to Covered CA, but you are not eligible. We have forwarded your application to your county Social Services.” This is confusing because, at first glance, people think this letter tells them they are not eligible for Medi-Cal, when in fact it means they are. Mr. Diringier added that Medi-Cal applicants may get a denial letter for 2013 and an approval letter for 2014.

Announcements:

Covered CA Navigator Grant: Mr. Diringier explained that the federal government mandated that each state spend some money on a Navigator program, which is another form of trained outreach and education assistance. The Navigator program is funded internally within Covered CA by health plan dollars. The RFP will be coming out in early 2014. There will be eight regional grants, so the county would have to apply with other counties – it’s not clear how this would work. Mr. Diringier noted that if enrollment in Covered CA is too low, there won’t be enough money to fund this program.

DHCS Medi-Cal Outreach & Education Grant: Dr. Borenstein reported that the Health Agency applied for nearly \$500,000 in grant assistance to fund Medi-Cal enrollment efforts targeting clients of the County Mental Health and Drug and Alcohol Services as well as pre-sentencing and pre-release jail inmates and individuals on probation. The total amount of funding available was not disclosed by DHCS and awards should be announced in January.

All in for Health school campaign: Mr. Diringier announced that there are several outreach campaigns, including school-based, faith-based, and library-based. Some are run by Covered CA and some by The California Endowment. He didn’t hear any interest in these at the last outreach subcommittee meeting due to the absence of funding. No one at this meeting was interested, either.

County ACA Criminal Justice Workgroup

Leslie Brown from County Administration reported that it has been very challenging to get enrollment started at the jail due to phone and internet connectivity issues. Medi-Cal does not cover medical care for inmates while serving time in jail unless the inmate is admitted to the hospital. It is important to get these people signed up and connected to health care and behavioral health treatment services in an effort to provide much needed care outside of jail and to reduce recidivism. Enrollment efforts will target medically fragile inmates, AB109 realignment inmates, and those who will be released within 90 days. The jail booking process may soon include questions about current health coverage. Medi-Cal coverage is not cancelled or suspended when someone goes to jail; but rather, medical care cannot be billed to Medi-Cal unless the inmate is admitted to a hospital.

DSS is too busy with countywide enrollment at this time to pull staff away to assist with jail enrollment. Ms. Brown said she is looking for certified enrollment counselors interested in going into the jail to enroll inmates in Medi-Cal or Covered CA. The Probation Department is also seeking enrollment assistance at their site. They estimate potential enrollment of 330 inmates through probation and 82 in specialty court programs.

CMSP Transition

Dr. Borenstein said that at any given time there are about 1500 clients enrolled in the County Medical Services Program (CMSP), or about 3,200 annually. Approximately 75 to 80 percent are Medi-Cal eligible and the remaining 15 to 20 percent are eligible for both premium and out-of-pocket financial assistance through Covered CA.

Beginning in September, staff mailed to every person who has applied for CMSP in the last two years postcards notifying them about the closure of CMSP and instructions to enroll for new coverage. From October 1 to December 15, every existing CMSP client came to the office for an eligibility visit and in-

person counseling on the closure of CMSP and their new coverage options. With the help of DSS staff, they established an enrollment hub at the office and enrolled 250 CMSP clients into Medi-Cal and another 21 into a Covered CA plan. Many more enrolled on their own or at CHC clinics.

The Health Agency will be going to the Board of Supervisors on January 7 with recommendations to continue to provide some safety net coverage for the medically indigent (139 to 250 percent of FPL) with an exemption issued by Covered CA (for hardship or affordability) from the individual mandate, and to transition enrollment functions to DSS and within the next three to six months, transfer administrative functions to CenCal Health.

Expanded Behavioral Health Benefits

County Update:

Health Agency Director Jeff Hamm reported that they are trying to get everyone enrolled in Medi-Cal: Jail, CMSP, Mental Health, and Drug & Alcohol clients. County Drug and Alcohol will be the Medi-Cal provider for the expanded substance use disorder benefits. Currently, there is no additional information about specific services since the October ACA Planning meeting. The Health Agency will present more information about the Medi-Cal expansion and the Agency's plans for Behavioral Health Services at the January 7 Board of Supervisors meeting.

CenCal Update:

Theresa Merkle-Scott, of CenCal Health, reported that their Medi-Cal Expansion Workgroup has been meeting and that CenCal has engaged the Holman Group to contract with a mental health provider network for "gap" benefit services (new services covered by Medi-Cal beginning in 2014 that are not covered by County Mental Health). The Holman Group provides managed behavioral health care and is currently administering the Santa Barbara Healthy Kids program. The Holman Group does intake, assessment, case management, bilingual services, and emergency services.

CenCal is working on implementing a referral process. They have met with Santa Barbara County and will be meeting with SLO County next. They have distributed member newsletters and provider notifications and will do training for providers. Referrals will mainly be through the primary care provider, but there will be no wrong door. For substance use disorder screening and brief intervention, the primary care provider will do the screening and refer to the County. CenCal doesn't know yet what the provider list will look like. The state just gave CenCal their rates and there are still unanswered questions.

Celebrating the ACA roll out and the New Year!

Mr. Diringer concluded the meeting with an invitation to partake in celebratory hot cider and cake.

- The next ACA Planning Group meeting is scheduled for Tuesday, January 21, 2014, 3:00 – 5:00pm, at the SLO City-County Library.
- Visit the ACA Planning Group webpage at www.SLOpublichealth.org/ACA for meeting information, materials, and resource links.
- Visit www.slohealthaccess.org for information about local health resources and insurance coverage.