

ACA Planning Group

MEETING NOTES

Tuesday, February 18, 2014
3:00 PM to 5:00 PM



Public Health
Prevent. Promote. Protect.

San Luis Obispo County



Welcome and Introductions

Joel Diring, of Diring and Associates, welcomed the stakeholder representatives and asked each person to introduce themselves.

Outreach & Enrollment

Medi-Cal

Mr. Diring reported the following enrollment activity as of February 14, provided by DSS staff:

Total MAGI Medi-Cal applications approved	3,460	(2,300 in February)
Total Medi-Cal pending applications from Covered CA	2,100	(1500 in February)
Total Medi-Cal applications pending verification	1,300	(1000 in February)
Total new approved/pending Medi-Cal applications	6,860	

There were also 336 Covered California applications approved that were submitted through DSS as a result of a client being referred to the DSS Call Center for Medi-Cal but their income proved to be too high.

Theresa Merkle Scott of CenCal Health reported that CenCal enrolled 856 new members in January and 1,739 in February for SLO County, so nearly 2,600 of the new Medi-Cal enrollees have been added as CenCal members so far. Mr. Diring explained that people are initially enrolled into the state Medi-Cal system only, and until enrollees are added to the CenCal system, which can be one to two months later, providers are paid at the state's fee-for-services rates.

Hospitals can now apply to the state to perform Medi-Cal presumptive eligibility enrollment of their patients. It was not known if SLO County hospitals have applied.

Covered California Enrollment

Mr. Diring said that so far, Covered California is not reporting county level enrollment numbers for our region. The Central Coast region (from Ventura to Santa Cruz) reports 35,000 applications approved, which is 108% of projections. He noted that, for comparison, Fresno County is at 47% of projected enrollment.

Ron Freeman from Susan Polk Insurance reported that the regulations say that people are required to report to Covered California if their income level changes, but people may want to keep income changes to themselves because, in many cases, this changes the plan that they qualify for (for example, from Silver 94 to Silver 87), and Covered California is cancelling the old plan and starting a new plan. This potentially results in two deductibles in one year, two out of pocket maximums, and a possible gap in coverage. Mr. Freeman suggested people estimate how much they will owe for excess subsidies and save up the money for when they have to pay at tax time. Mr. Freeman pointed out that there is no penalty for not reporting income changes. He doesn't know whether an income change that doesn't result in a change of plan will still stop the old plan. This is happening for people adding new babies too, and he stressed that it would be best not to have any life changes right now. He pointed out that this is likely temporary and the result of technology issues.

Elena Ramirez from ASN said they discovered an External Communication Department in Covered California. This department can manually change an effective date and send the information directly to the health plan. They have had success getting dates changed by asking supervisors to send them to the External Communication Department. ASN staff said it helped to have Assemblyman Achadjian and Senator Monning write letters last week regarding specific issues clients were having that weren't getting resolved. This morning, a Covered California staff person called them and resolved the issues.

Mr. Freeman said that insurance agents found Congresswoman Capps' office very helpful in difficult cases, e.g. clients who needed lifesaving medicines but were unable to obtain proof of insurance after enrolling in Covered California. Betsy Umhofer from Lois Capps' office said she has some contacts so if clients have a really urgent problem, call her. ASN staff added that the SLO County DSS staff were also helpful in getting things resolved for clients. Mr. Freeman said that he has submitted over 200 applications and offered to answer questions for people who are having difficulties with a client's application. It was noted that the Covered California website works much better using internet browsers other than Microsoft Explorer (e.g., Firefox or Safari).

DHCS Medi-Cal Outreach Grant

County Health Officer Dr. Penny Borenstein reported that the Health Agency had applied for a half million dollar Medi-Cal Outreach grant from DHCS. DHCS awarded large grants to many of the same counties who had also received large outreach and enrollment grants from Covered California. SLO County, who did not receive any Covered California funding, was awarded the minimum of \$100,000 in this DHCS grant. Furthermore, DHCS added the condition that 20% or \$20,000 of the funds must be given to a community based organization.

Dr. Borenstein said that Frank Warren of the Behavioral Health Department will administer the grant project since the Medi-Cal outreach and enrollment targets Behavioral health clients. Anne Robin, County Behavioral Health Director, reported that the Department has billed Medi-Cal \$30,000 since January 1 for services to their newly-enrolled clients.

Covered CA Navigator Grant Program

Mr. Diring explained that grants were already awarded for outreach and education, but new funds are being awarded for enrollment efforts. These Covered California Navigator grants are funded by health plan payments to the exchange, not by federal funds. Agencies can't use these funds for the same efforts that are earning money through payments per enrollment (Certified Enrollment Counselors).

There are two types of grants: regional grants and statewide target population grants. There are only \$3-4 million for regional and \$1-2 million for statewide grants. For the regional grants, there will be one awarded per region. Our Central region is 18 counties from Santa Clara to Ventura and across the whole state. The approximate grant would be \$600,000 for the region with possibly \$20,000 allotted to SLO County, though there isn't a high need here. Mr. Diring and Becca Carsel are working with a Fresno group trying to put together a region-wide grant proposal. The grants are due March 21.

MISP Transition

Enrollment

Dr. Borenstein gave an update on MISP, formerly known as CMSP. She said that no one has been enrolled yet due to lack of clarity between DSS and Public Health, which they are trying to work out. Instead, Medi-Cal Share of Cost is being used by DSS in lieu of MISP. Public Health has notified all their CMSP referral sources that if people are identified as potentially eligible for MISP, referral sources should contact Nora Kelly at Public Health (781-4815). Though the CMSP program has had a share of cost, it didn't apply to many services; Medi-Cal SOC is very different. They are getting a legal opinion about this.

Ms. Kelly said that she has contacted the hospital's patient representatives about MISP. Nancy Walters, a patient representative from Conifer Health contracted with Sierra Vista, says she has uninsured patients who did not want to sign up for Covered CA and one said it was too expensive, but she has not referred

them to MISP because the program is too unclear right now. The Twin Cities representative has three patients who are in limbo because they signed up for Covered California but haven't received enrollment confirmation. Ms. Kelly says she talks with patient representatives from Dignity Health regularly and that, so far, every patient without insurance has qualified for Medi-Cal. Dr. Borenstein pointed out that if a patient is admitted with a major medical issue, their income may drop or go away in the next month and, consequently, they will qualify for Medi-Cal with retroactive coverage.

Ms. Kelly explained that the requirements are the same right now as they were for CMSP, except that most people are now Medi-Cal eligible. MISP is for those with incomes between 139%-250% of the Federal Poverty Level —just over the Medi-Cal income limit. Starting April 1, however, MISP applicants must have a qualifying hardship that prevented them from purchasing insurance. Dr. Borenstein added that MISP covers services received within the current month of the application date or potentially back to the first day of the prior month, which would be January 1. Dr. Borenstein stressed that, for the time being, anyone with a potential MISP applicant should call Nora Kelly at 781-4815 to get the latest information and to start the application process.

Prescription Assistance

As a follow up from last month's meeting, Dr. Borenstein and Frederick Aguilera from CHC were going to look into problems former CMSP patients were having with getting their medications filled. These problems have since been resolved because most people have completed enrollment into Medi-Cal.

Provider Networks

Physician network representatives were invited to the meeting to report on which plans were being accepted, but they couldn't attend. One representative told Mr. Diring that the IPAs only contract with HMOs, not PPOs. Covered CA only offers PPOs in our region, so there is no overlap in patients. In talking with a couple dozen physicians, the representative told him that there was a lot of confusion. Mr. Diring noted that there are still gaps between who the health plans say is a provider, what the doctor says, and what the front office says. Mr. Freeman said that doctors' offices are learning more and talking more with the health plans, so things are changing. Some offices are accepting more plans; Coastal Cardiology just started accepting new Anthem plans in addition to Blue Shield. However, some doctors are still saying they only taking certain Covered California tiers, which is not allowed.

All hospitals in the county take the Covered California plans. Mr. Diring said that Dr. Hale, an ER physician, told him that his group doesn't have contracts with the Covered California health plans and they don't know how they will be getting paid. A representative from one of the hospitals said they are negotiating with the ER physicians about this issue. Mr. Diring noted that out-of-pocket maximums only apply to in-network providers, so the ER physician cost wouldn't apply. Mr. Freeman added that there are separate out-of-pocket maximums for out-of-network providers that can be an additional \$10,000 per year. He doesn't know how the health plans are handling ER copays if ER physicians are not in-network.

New Federal Regulations on Large Employer Mandate

Mr. Diring summarized the current employee coverage requirements for employers. Businesses with fewer than 50 full-time employees have no mandate to provide coverage. Businesses with 50 or more employees must offer coverage, but this mandate was delayed until 2015. New regulations last week delayed implementation again for businesses with 50-100 employees, until 2016. To qualify for the delay, the business must certify that it hasn't reduced the size of the workforce to avoid coverage obligations or the benefits package. For employers with 100 or more full-time employees, there was going to be a penalty in the first year of implementation if they didn't provide coverage for 95% of their employees. This has been reduced, and for the first year, employers can avoid a penalty if they offer coverage for at least 70% of their employees.

Mr. Diring noted that there are many pages of regulations on how to calculate full-time employees. Businesses only have to offer coverage to full time employees, but the government has now excluded seasonal employees from this requirement. So there is no longer a mandate to insure farm workers if they

typically work 6 months or less, even though they work full-time during the season. Seasonal employees are also excluded from the definition of a large employer. Mr. Diringier said that over 92% of large employers already provide coverage.

Behavioral Health Grant Opportunity

There is a grant opportunity from Blue Shield of California Foundation, which is the same foundation that also provides funding for this ACA planning project. They have a new RFP to improve the integration of primary and behavioral healthcare in the safety net through collaborative planning and action. Mr. Diringier met with Ms. Robin and Dr. Borenstein and is in discussions with other partners to extend the work begun by the ACA Planning Group's Care Coordination Committee. Partners would include CenCal, CHC, County Behavioral Health, County Public Health, hospitals, Holman Group, and T-MHA. If funded, the grant would begin in July and last one year.

Dave Bernhardt, a retired physician asked about services that aren't available in this county. Ms. Robin replied that they have a plan to slowly expand County Drug and Alcohol staffing and increase specialty mental health services. Theresa Merkle Scott said that CenCal contracted with the Holman Group and they have over 50 network providers in SLO County. The Holman Group will assess the client and refer out if they do not qualify for County Mental Health services. CHC has their own network of internal providers and they will also refer out to Holman Group. In March, CenCal will host three seminars (including one in SLO on March 12) for providers that will include an ACA update and information on their expanded mental health services.

Dr. Bernhardt asked about the county getting an in-patient detox. Ms. Robin explained that this is an in-patient service that hospitals have to decide to provide. The County only pays for detox if the mental health diagnosis is primary. It was asked whether there was a list of providers for the Holman Group, and Ms. Scott said that a Holman representative will be at the March 12 seminar. Ms. Robin added that they are looking at programs for repeat clients that hospitals in other jurisdictions have funded because it reduced their ER impact. Ms. Scott noted that CenCal is looking at training primary care physicians in their network on additional screening for referrals to drug and alcohol services.

ACA Planning Group Survey Results

Overall, the consensus was to keep the frequency at monthly and the time the same. A list of topics for meetings was generated that will be addressed during the next meetings.

Mr. Diringier concluded the meeting. The next ACA Planning Group meeting is scheduled for:

March 18, 2014, 3:00 – 5:00 pm at SLO Library.