

ACA Planning Group MEETING NOTES



Public Health
Prevent. Promote. Protect.

San Luis Obispo County

Tuesday, April 29, 2014
3:00 PM to 5:00 PM

Welcome and Introductions

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

Becca Carsel, First 5 Health Access Training Project Director, announced a Forum on Resources for Children with Special Needs for service providers. More information at <http://slohealthaccess.org>.

Updates on Outreach and Enrollment, Retention and Utilization

Covered CA Open and Special Enrollment

Mr. Diring announced that Covered CA enrollment ended April 15. The 2015 enrollment will start in the fall. The federal government has changed the date, so Covered CA is not sure of the date yet. Special enrollment is going on now and new small group enrollment is open year-round. (See handouts on special enrollment).

Statewide enrollment data:

1.4 million Californians enrolled for Covered CA health insurance and selected plans through April 15;

- 88% subsidized
- 41% self-enrolled; 39% through agents; 9% through Certified Enrollment Counselors (half of CEC users were Latino)
- 28% Latino; .24% Spanish speakers
- Young adults 18 – 34 years: 29% of enrollment

Medi-Cal Enrollment and Processing

Statewide enrollment data:

1.9 million Californians enrolled in Medi-Cal through March 31. 800,000 applications still pending.

- 1.1 million through Covered CA and Counties
- 650,000 LIHP transitions (none in SLO County)
- 180,000 Express Lane (CalFresh food stamps)
- 38% Latino; 27% White; 17% Asian; 6% African-American

Joel noted that Medi-Cal applications continue year-round and that Express Enrollment allows an enrollee in Cal-Fresh food stamps to opt in to Medi-Cal.

Peggy Ayers, Program Review Specialist at DSS, shared the following local data on Medi-Cal enrollment:

| Statistics on MAGI Medi-Cal Applications Sent from Covered California to San Luis Obispo County via the CalWIN External Referral Window | | |
|--|---------------|---|
| MAGI Status | Cases | Individuals* |
| Approved | 2,554 | 2,889 |
| Denied | 683 | 1,156 |
| Multiple Statuses within Case | 4,417 | 9,892 |
| Pending | 2,512 | 2,891 |
| Unknown | 816 | 20 |
| Sum: | 10,982 | 16,848 |
| Number of Cases uploaded to CalWIN | 1,956 | * The number of individuals is based on a count of SSNs - some records do not have a SSN and therefore are not included in this count. |

She said that DSS is seeing double their initial projections for Medi-Cal enrollment and DSS staff are working nights and weekends to get people enrolled. If a person is having a medical emergency and DSS can tell they are eligible, staff are expediting applications by putting them directly into the state system without entering them into local system first (they can't do this if the person has a pending application). To apply to Medi-Cal, it is faster to go directly through Social Services than through Covered CA.

Sue Andersen Dignity Health reported that two of their three hospitals locally can now directly enroll people in temporary, no cost, Medi-Cal ("presumptive eligibility") for up to two months. However, the enrollee has to follow through to keep the coverage after the initial eligibility period.

Paul Jaconette from CenCal reported that they had projected additional enrollment of 8,000 in both SLO and SB Counties. They had 8,300 at the end of March (about 4,100 from SLO County) but many are still pending so they will well exceed their projections. It was noted that new Medi-Cal enrollees are on the state fee-for-service system for about two months before CenCal is notified by the state and enrolls them. Many medical providers do not take state Medi-Cal, though CHC does. Mr. Jaconette was asked about the new Hepatitis C medication that costs \$1,000/day for a 3-6 month treatment course. He reported that CenCal has 35 members on this medication, which cost \$1 million last month causing CenCal to post a loss. CenCal is going to the state to discuss this because they are not being reimbursed.

MISP (Medically Indigent Services Program) Transition

Jennifer Shay reported that Public Health staff surveyed former CMSP clients to confirm they have transitioned into new coverage. Most of the former CMSP clients are now covered by Medi-Cal and less than 20% have incomes too high for Medi-Cal and have enrolled into subsidized insurance through Covered California. The survey discovered, however, some of the former CMSP clients are not actually receiving healthcare because they have signed up for the high-deductible and high-co-pay Bronze plans because the monthly premium for the Bronze plan is only one dollar for those with income just over the Medi-Cal maximum. These clients often have multiple health care needs, but are not able to afford their necessary care and do not qualify for MISP coverage because they have health coverage. Public Health staff tried to convince people to change to the Silver plans during the open enrollment period, but most refused saying they couldn't afford the \$45 premium. Other counties are also surprised by a lack of qualified enrollees for their medically indigent care programs. California counties still have an obligation to assist the indigent uninsured, but it appears some of these people have made a choice about their coverage that takes it out of our hands.

MISP eligibility and enrollment functions remain at the Public Health Department. For questions, call MISP at 781-4773 or visit www.SLOpublichealth.org/MISP. MISP has received a total of six applications

(all hospital referrals) and currently has three people enrolled, each because their Covered CA application is still pending. Beginning April 1, MISP applicants must also demonstrate a qualified exemption from the tax penalty for not maintaining health coverage. A qualified exemption is the reason or cause that prevented them from obtaining health insurance. MISP will perform an assessment for potential exemption for the purposes of MISP eligibility and will also help an applicant apply for the federal exemption if they have not already done so.

Nora Kelly, of MISP, also reported that they have a Cal Poly intern helping them with a survey of providers listed in the Covered CA provider network for Anthem and Blue Shield. Preliminary results indicate that approximately 30% of those on the list say they are not taking Covered CA insurance.

County DHCS Medi-Cal Outreach Grant

Anne Robin, County Behavioral Health Administrator, reported that the Medi-Cal Outreach grant award was decreased by the state to \$100,000. County Behavioral Health will spend it over a one-year period, paying for a half-time enrollment specialist who will work with peer providers to conduct outreach to Mental Health and Drug & Alcohol clients. They hope to connect with 1,800 people and enroll 900-1,500. About 300 will be through the jail and probation; the rest will be at service sites.

Covered CA Special Enrollment

Mr. Diring explained that now that the open enrollment period is over, people can qualify for Covered CA special enrollment if they have specific life events. These include:

- moving to California,
- aging out a parent's health plan at age 26,
- adding a new family member,
- losing job-based coverage (unless COBRA coverage is taken – then access to subsidies is lost),
- being released from an institution,
- having a substantial income change,
- changing to a lawful immigration status,
- being incorrectly denied Covered CA insurance or incorrectly placed on Medi-Cal,
- if a mistake was made in enrollment by the enrolling agent,
- if one's health plan violates their contract (including if they said a doctor was a provider but they're not), and
- on a case by case basis.

If a person moves within the state, they can change plans but cannot enroll for the first time. Some life changes apply immediately, while others apply for the next month after the applicant enrolls by the 15th of the previous month. There is a 60-day window to change coverage after a life event during the special enrollment period. It was noted that if someone loses a job on the 16th, they have to do a paper application to Covered CA to obtain coverage that starts the 1st of the next month.

Mr. Diring commented that a large percentage of Medi-Cal clients are estimated to move from Medi-Cal to Covered CA over the course of a year (and vice versa). Mr. Jacquette from CenCal said that the state's bridge plan request to address this "churn" is still waiting for federal approval.

There is no grace period for late payment of the first premium payment under Covered CA rules, but there is a 90 day grace period for late premium payments in subsequent months. Doctors are obligated to see patients during that period, but health plans are only required to pay for the first month. Sue Andersen from Dignity Health said that the hospitals are waiting for a ruling on third party coverage, whether they can pay the premium to keep someone enrolled in their insurance plan.

Provider Networks

Mr. Diring provided an online demonstration of how to look up provider networks for Anthem and Blue Shield:

Anthem-Blue Cross

- www.Anthem.com/ca – Find a provider: choose Pathway X - PPO

Blue Shield

- www.blueshieldca.com/fap/app/search.html
- Choose 2014 Individual and Family PPO plans

Mike Framberger said that Covered CA mandated to insurers that their Covered CA plans cannot have a different provider network than their other individual plans. Therefore, if a provider takes a new (not grandfathered) individual plan, they take Covered CA also according to their contracts. He noted that there are not many doctors in the provider network because Covered CA plans have lower reimbursement rates. The gap between doctor knowledge and front office knowledge of what insurance they take was discussed.

Mr. Diringer gave the following resources for people who have problems with provider networks:

- Contact health plan directly
- Contact Covered California (800) 300-1506
- Department of Managed Health Care Help and Information Help Center: (888) 466-2219
- Health Consumer Alliance –(800) 675-8001

Federal Medicare Reimbursement Update

Mr. Diringer reported the following about new Medicare provider reimbursements:

- “GPCI Fix” signed into law
- 14 counties, including SLO, have been erroneously classified as rural for reimbursement resulting in underpayments of up to 10% annually
- New law will transition all Medicare physician payment localities to same methods as hospital payment – in SLO increase may be from 0.5 – 1%
- Beginning 2017, rates will be phased in by 1/6th each year for full implementation in 2021/22.

Behavioral Health Implementation Update

Anne Robin, County Behavioral Health Administrator, reported that they have not seen a huge increase in numbers. They have a good clinical group to make determinations about clients who are in the “gray area” between County Mental Health and CenCal (Holman Group) services. County Drug & Alcohol has received approval to add four Drug & Alcohol Specialists sooner than expected because they have a large wait list. They do not have Drug Medi-Cal certification from the state yet and are hoping for reimbursement. There is a lot of communication between the County, CenCal, and the Holman Group that is making the new mental health coverage work.

Paul Jaconette, CenCal Health’s Chief Operating Officer, reported that the Holman Group is providing managed care for mild to moderate mental health conditions that were previously not covered. CenCal is talking weekly with the County, discussing referral and dispute resolution processes, and things are working well. Holman has over 1,000 open cases right now in both SLO and SB Counties, including those they have referred to the Counties. Mr. Jaconette also discussed inpatient acute detox, which the state just declared to be a benefit but for which there are no beds locally or state-wide. CenCal is supposed to see that the County provides this benefit, but they have told the state that it cannot be provided. Denise Stewart of CHC added that CHC providers are saying that their patients are accessing mental health providers through Holman quickly and easily and that they are pleased. CHC does have LCSWs but the need is much bigger.

Other Business

Nancy Walters, a hospital patient services representative, thanked DSS for taking care of all their urgent requests, and Susan Polk announced that their insurance office now has bilingual Spanish capacity.

The next ACA Planning Group meeting is scheduled for:

Tuesday, May 20, 2014, 3:00 – 5:00 pm at SLO Library.