ACA Planning Group
MEETING NOTES

Tuesday, May 20, 2014
3:00 PM to 5:00 PM

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

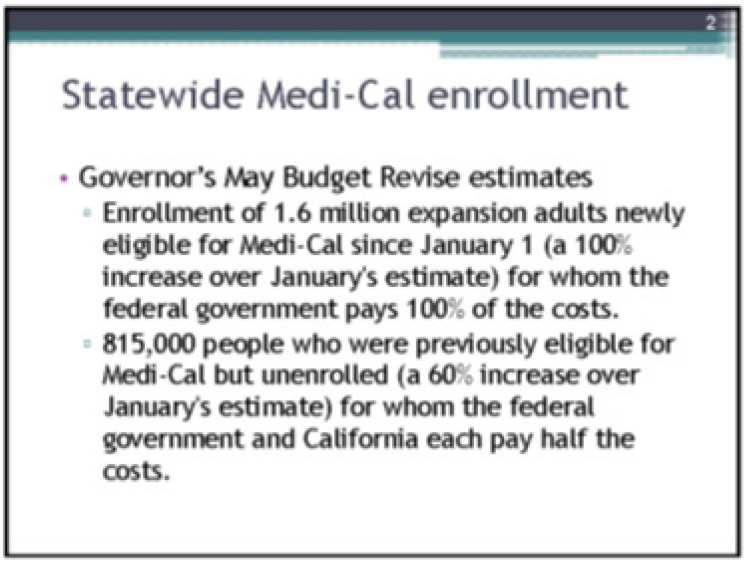
Welcome and Introductions

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

Updates on Outreach and Enrollment, Retention and Utilization

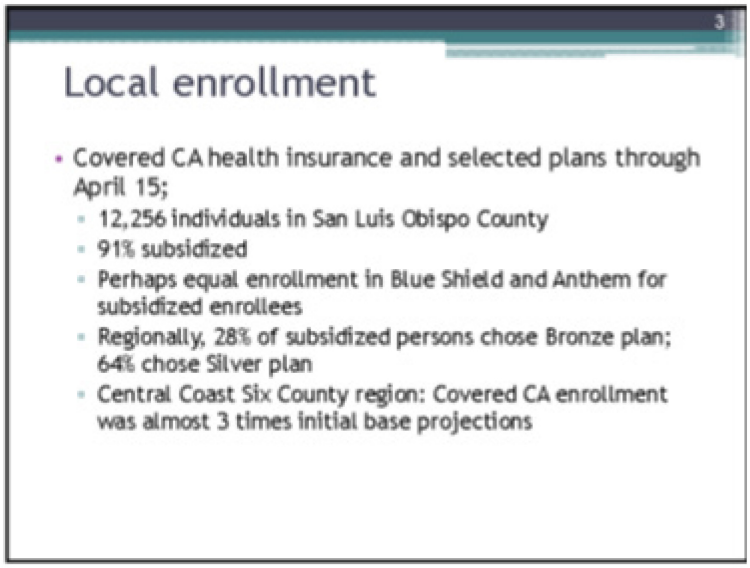
Medi-Cal Enrollment and Processing

Mr. Diringer provided data on statewide and local Medi-Cal enrollment (see presentation slides). He added that there was a higher 'woodwork effect' statewide than previously estimated, with more people enrolling who were eligible for Medi-Cal before the expansion, but had not previously applied. This has a financial impact on the state because the federal government only reimburses the state 50% for enrollees who were previously eligible (feds paying 100% for newly eligible or expanded population). New Medi-Cal enrollees did not likely have any insurance prior to 2014.



Local Covered CA Enrollment Data

Mr. Diringer also presented new Covered CA enrollment data for the County (see presentation slides). While Covered CA reported that 12,256 people had selected plans, the number who paid their first premium is not known. Mike Framberger added that Silver is the only Covered CA plan that qualifies for cost-sharing reductions, explaining the high enrollment in Silver plans. The number of new enrollees in private insurance plans, outside of the exchange, is not known. The percentage of enrollees who lacked insurance prior to 2014 is also not known.



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Local enrollment

- Medi-Cal
  - 4,100 new SLO Medi-Cal enrollees in CenCal through March.
  - 17,236 persons applied for Medi-Cal to date.
    - 1,157 denied coverage
    - 16,079 either approved or pending
    - In the past 7 months, Medi-Cal applications have been 22% over the estimate for the entire year.
  - Unknown numbers of new Medi-Cal through "Express Lane" enrollment for those on CalFresh (food stamps)
- Unknown number of enrollees outside of Covered CA

Mr. Diringer discussed Covered CA health plan issues and announcements.

Out-of-network issues are becoming evident as people can face high out-of-network costs because in emergencies they have no control over whether the providers in the hospital are in their 'narrow' network.

Open enrollment for 2015 will begin in November of 2014. The federal government issued the new rule allowing a special enrollment period for people now on COBRA insurance, and the state followed the rule as well. People on COBRA have 60 days – until July 15 – to transfer to a Covered CA plan. After July 15, people already on COBRA will need to wait for open enrollment to transfer.

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Observations

- Upcoming ACA consumer issues:
  - Finding providers
  - Managing co-pays and deductions
    - In-network; out-of-network
- Upcoming ACA enrollment issues
  - Ongoing Medi-Cal enrollment
  - Covered CA special enrollment
  - Open small business enrollment
- Upcoming policy issues
  - Large employer mandate
  - Cost control

The Urban Institute is questioning the large employer mandate, estimating that only 200,000 additional people nationally would lack insurance without this mandate. However, the government would lose billions in penalties without the mandate.

Stakeholder Evaluation of the Implementation of the ACA in SLO County

Christina Lefevre Latner presented the findings of her stakeholder evaluation of the ACA implementation, which she conducted for her Master's in Public Policy at Cal Poly. The purpose of the stakeholder evaluation was to measure the effectiveness of the implementation of the ACA in SLO County given that the County did not receive grant funding from Covered California. Ms. Latner received multiple awards for the work. She was also working on the Cal Poly HEIP project though the CSU system's Covered CA Outreach and Enrollment grant. The stakeholder evaluation is available at SLOpublichealth.org/ACA, under the May 20, 2014 meeting materials.

Survey of Local Provider Network for Covered CA Plans

Nora Kelly from Public Health's Medically Indigent Services Program (MISP) provided a preliminary report on the efforts to determine how many providers who are listed on the health plan websites as taking Covered CA are in fact accepting this insurance. She found that both the Blue Shield and Anthem Blue Cross online tools to search for providers to be confusing.

She found that it is not possible to effectively search by internal medicine because many specialists who also have an internal medicine subspecialty are listed. Many providers were listed in duplicate and triplicate, with different offices and names for the same provider. Some had moved away or retired and some addresses were incorrect.

A Cal Poly intern telephoned the offices of primary care physicians. He asked, "Are you taking the new Anthem or Blue Shield insurance plans purchased through Covered CA?" The following week, Ms. Kelly called the same offices and asked the same question, and she found only a few instances where she received a different response than the intern had. One medical group's office manager told her that Blue Shield reimbursements have been very inconsistent and are much less than Medicare pays. Anthem has been consistent but is paying 70% of the Medicare rate. Many doctors don't know how they got on the insurance lists; they either opt out or say they aren't taking new patients.

Ms. Kelly reported that there are at least 14 primary care doctors in the county who accept Covered CA at CHC, Cuesta Medical Group, and a few individual physicians. She noted that some doctors are saying they aren't taking Bronze plans – an exclusion that is not allowed – because they worry that people will not be able to pay the co-pays and deductibles.

Besides primary care physicians, the survey includes common specialists, but not pediatrics. She found that there are a few orthopedic doctors who are taking it now, but may opt out in July because they are upset at the low reimbursements. Pulmonologists seem to only take Blue Shield. While anesthesiologists take both plans, there are currently no general surgeons in the county taking either plan. She found one breast surgeon in Santa Maria. The main general surgery group here is in negotiations with the insurers. For people needing surgery, their hope is to go to the ER, ironically. A lot of health plan contracts are being signed right now and they have opt-out clauses.

Betsy Umhofer from Rep. Lois Capps' office received lists from the hospitals of providers who accepted Covered CA but Ms. Kelly called them and was told that they did not take Covered CA insurance. Ms. Kelly contacted Urgent Care facilities as well. The two in San Luis Obispo do not accept Covered CA plans. The one in Morro Bay takes both health plans; Pismo takes one; and Paso Robles takes both. She cannot make a complete list now because too many providers are changing their status; she suggested trying to do this in 4-6 months.

Ms. Kelly discussed the Blue Shield lawsuit filed by two San Francisco residents who are accusing Blue Shield of misrepresenting their provider network (see meeting handout). Mr. Framberger added that Fresno is having the same issue and has no surgeons taking Covered CA plans. Ms. Umhofer said that Representative Capps' office has had two conversations at the federal level about the lack of providers. She added that Monterey County also has no providers.

Mr. Framberger reported that Blue Shield was able to negotiate with the local gastroenterology group to do colonoscopies; prior to this, there were no providers in the region for this preventive care. He said that doctors are so worried that they won't get paid by patients who have high deductibles that they're demanding payment up front. Some are also dropping existing patients who switched to Covered CA plans.

Mr. Diringer noted that health plans have made assurances to regulators that they have adequate networks. The plans need to go back and negotiate with the doctors over the reimbursements. When consumers have problems, they should take the following steps:

1. Contact health plan directly

2. Contact Covered California: (800) 300-1506
3. Department of Managed Health Care Help and Information Help Center: (888) 466-2219
4. Health Consumer Alliance advocacy group: (800) 675-8001

Mr. Diringer summed up the situation, saying that perhaps right now people are better off on Medi-Cal.

Rachel May from French and Arroyo Grande Hospitals asked about the current wait time at CHC. Dr. May said that ER patients are hearing that it will be 4-6 weeks for new patient appointments. Jose Guzman from CHC replied that patients should ask to speak to a clinic manager if they need to be seen urgently, as there are emergency slots reserved. They can also ask to be called in case of a cancellation. Additionally, CHC has a walk-in clinic in Arroyo Grande on Saturdays and Sundays.

ACA Impact on Agricultural Workers

Mr. Diringer presented an update on the impact of the ACA on farmworkers (see handout). Possible solutions to the lack of health care and coverage for farmworkers include Sen. Lara's bill to provide coverage to undocumented workers; immigration reform (but there is a 5-10 year wait before accessing publicly subsidized health care and coverage); direct funding for clinics; and allowing caps on coverage to make preventive and primary care affordable for employers by not covering more costly treatments.

Alternative models include direct health services from the employers. Mr. Guzman noted that with the labor shortage, companies with better benefits may retain better employees. Mr. Diringer noted that Workers Comp is used by employees as a way to access health care, raising employer costs. He pointed out the challenges of the ACA's coverage model for accessing health care versus a care model. Direct care at the farm may increase farmworkers' access to care, especially preventive care. Providing insurance is not necessarily the best way to keep people healthy, especially for the migrant population.

Other Business

Mr. Diringer reported that the Blue Shield Behavioral Health Integration grant applied for by T-HMA with the County, CenCal and CHC has a strong likelihood of being funded. They asked for a small reduction in the budget. The collaborative is waiting to hear from Blue Shield.

The next meeting will be the last meeting due to the end of funding for ACA planning. A Covered CA representative has said she plans to attend. Mr. Diringer will also invite a representative from the Health Consumer Alliance to talk about narrow network issues.

Mr. Diringer concluded the meeting. The final ACA Planning Group meeting is scheduled for:

Tuesday, June 17, 2014, 3:00 – 5:00 pm at SLO Library.