

ACA Planning Group

MEETING NOTES

Available online at sloPublicHealth.org/ACA



Public Health
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San Luis Obispo County



Tuesday, July 16, 2013
3:00 PM to 5:00 PM

In Attendance:

Bartel	Trish	Twin Cities- Dir Business Dev	Hale	Tom	TCH, CCEP, Inc.
Bernhardt	Dave	Transitions MHA	Hughes	Susan	First 5 SLO
Black	Bob	SVRMC	Kelly	Nora	Health Agency- PH
Blonsley	Gill	Health Commission	Khan	Edie	AIDS Support Network
Bollinger	Marsha	Consumer Rep	Kilburn	David	AIDS Support Network
Borenstein	Penny	Health Agency- PH	Kohlhausen	Kimberly	Susan Polk, Dr. Bioethics
Brown	Leslie A	County Administration	Lewis	Cathy	AIDS Support Network-SLO HEP C
Carsel	Becca	First 5-Health Access Training Consultant	McIntosh	Grace	CAPSLO-
Cress	Sara	CHCCC	Merkle	Theresa	CenCal Health-
Collins	Lee	DSS	Miller	Jackie	Health Agency- BH
DeSchryver	Joe	SVRMC	Raymond	Jean	Health Comm- Adult Svcs Policy Cncl
Diringer	Joel	Diringer & Associates	Shay	Jennifer	Health Agency- PH
Drabinski	Kevin	Field Rep- Assemblyman Achadjian	Smith-Cooke	Scott	Health Commission/HICAP
Dudley	Pam	Health Agency- PH	Taylor	Mike	Health Agency- PH
Enns	Lynn	Health Commission	Umhofer	Betsy	Rep. Lois Capps' office
Foreman	Larry	AECH UPMA	Underwood	Sandy	Dignity Health
Framberger	Michael	Health Insurance Consultant	Pirkl	Rollie	SVRMC
Fraser	Lisa	Child Abuse Prevention Council	Walter	Natalie	DSS
Freeman	Ron	Susan Polk Insurance	Wilburn	Kayla	CAPSLO
Garcia	Pati	DSS	Warren	Sue	North County Connection
Gilman	Amy	Consultant	Wood	Craig	CHCCC
Godinez	Alejandra	Morris & Garritano Insurance			

ACA PLANNING GROUP AGENDA – JULY 16, 2013

- 3:00-3:15 Welcome, Introductions and Updates
 3:15-3:30 Policy Updates
 3:30-4:30 Outreach, Education and Enrollment
 --- OEE Committee Report
 --- Update on countywide activities
 --- DSS presentation on outreach
 4:30-5:00 Discussion of Planning Group activities over next year

Next Meeting: August 27, 2013; 3 – 5 pm
Agendas/minutes: www.slopublichealth.org/aca

Joel Diringer, of Diringer and Associates, welcomed the stakeholder representatives and asked each person to introduce themselves and report any updates. There were no updates.

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

Affordable Care Act Implementation Updates

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Federal regulations/actions

- Delay of large employer (> 50 employees) “pay-or-play” provisions: employer mandate & reporting requirements until January 2015
 - Individual mandate still effective January 2014, but *may* be more difficult to enforce
 - Exchange *may* have more enrollees with greater subsidies
 - Other employer coverage provisions still in effect: no dollar caps, coverage to age 26 for unmarried children, coverage of preventive services (including contraception)
- CMS released final rule on navigators
 - California developing its own regulations

Mr. Diring explained briefly how large employers, > 50 employees, are expected share in the responsibility of providing insurance coverage for their full time (30+ hours/week) employees, or pay a penalty (\$2,000-3,000 per year per employee, except for the first 30 employees). However, the implementation of this federal mandate has been delayed by one year, to 2015, due to complications with reporting.

Implementation of the small employer and individual mandates are still scheduled for January 2014.

This delay likely will not affect most people, unless they work for a large employer. In SLO County, it is believed that nearly all large employers already provide insurance.

A large employer is required to count all of its FTEs (excluding seasonal workers), e.g., $0.75 + 0.75 + 5 = 6.5$ FTE, to determine its total number of employees.

Covered California Implementation Updates

Mr. Diring reported that Covered CA:

- is developing state-specific Navigator regulations (to be paid for through the surcharge on Health Plans); due out in August;
- has changed some of the terminology to be used within the program; and
- the Covered CA Board will have a special meeting, August 8th, to review pediatric dental coverage plans, which can be offered separately within the Health Benefits Exchange.

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Covered California

- Application assister regulations still pending - out 8/22
- Navigator grant program \$5million RFP release - 9/10
- New Key Words:
 - Covered California Certified Enrollment Counselors rather than ~~Assisters~~
 - Covered California Certified Educators rather than ~~grantees~~
 - Covered California Certified Insurance Agents rather than ~~agents~~
 - Minimum coverage plan rather than ~~catastrophic plan~~
 - Pricing regions rather than ~~rating regions~~
 - Premium assistance rather than ~~tax credit~~

Ron Freeman, of Susan Polk Insurance, explained that Covered CA subsidies must be reconciled in tax returns. Covered CA will provide annual forms to assist in tax preparation. Additionally, subsidy determination will be based upon a person's 2012 tax return. If a person's income has changed since then, updates can be made through self-reporting. A person can accept less of a subsidy than what is offered.

None of the stakeholders present reports that their agency/organization will apply for the Navigator Grant when it becomes available.

Outreach, Education and Enrollment (OEE) Updates

The OEE Subcommittee met on July 12th; meeting notes are available at: www.slopublichealth.org/aca. This group is tracking OEE activities and events in order to support coordination and identify gaps, yet acknowledges that there is no funding to carry out a full OEE Action Plan. The Subcommittee is working on a Speakers Bureau, including Gill Blonsley, of the Health Commission.

- Framberger Insurance is continuing its outreach events and has included events in Spanish. Believes it very important to be able to include a speaker on Medi-Cal Expansion issues. Has materials that can be shared with others.
- Susan Polk Insurance will begin doing ACA seminars for CPAs.
- Joel Diringler will conduct continuing education for attorneys on ACA.
- Susan Hughes, First 5 SLO, can organize events but needs speakers.
- Most organizations can hand out informational materials.
- Need to target Cuesta students; should invite to the OEE meetings.
- Could use the televised Health Commission meetings to help in outreach & education.
- Have government entities that will act as Certified Enrollment Counselors, but it would be nice if a community-based organization takes on the roll as well.
- How to advise (or not) on the Covered CA plans is being worked out in regulations now.
- The CalHEERS application system will largely guide a person through the selection process, and in SLO County there will only be a choice between Blue Cross and Blue Shield in the Exchange/Covered CA.

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OEE Matrix of Activities

Agency/ org	Where in County?	Target population (e.g. low- income, Latino, business)	Location (e.g. health fair, chamber mtg, schools)	Activity (e.g. lecture, outreach event)	Outreach/ education (yes/no)	Enrollmen t (yes/no)	Covered Calif.? (yes/no)	Medi- Cal? (yes/no)

Department of Social Services (DSS) presentation on Outreach and Enrollment

Lee Collins, DSS Director, explains that DSS is working through some major projects: transition of Healthy Families children into Medi-Cal and a re-make of the CalWORKS system. Nonetheless, without clear guidance from DHCS, they are moving ahead with preparations to be able to enroll people into Medi-Cal Expansion and Covered CA. They will hire 24 new positions.

Referencing a Kaiser Foundation report

(<http://kaiserfamilyfoundation.files.wordpress.com/2013/06/8445-key-lessons-from-medicaid-and-chip.pdf>), DSS is aiming to assist people get insurance because people want and value coverage. DSS will focus “in-reach” to its CalFresh and General Assistance clients, attempting to remove the stigma of applying for government assistance.

Only DSS can actually enroll people into Medi-Cal, unless a person has SSI, then Social Security can enroll the person. Other persons can assist someone in preparing a paper or online application (www.mybenefitscalwin.org). DSS has/is developing relationships with the local hospitals, including the local jail, who provide such assistance.

Each county DSS is developing its own model of required Call Centers. When a person calls the Covered CA 1-800 phone number, the person will be screened for eligibility to either Medi-Cal or Covered CA. People who are Medi-Cal eligible will be transferred to the Call Center in their county of residence. SLO County DSS will staff 6 persons at a centrally located Call Center. Each call will be answered within 30 seconds by a person. If a call takes longer than 30 seconds it will roll to a neighboring county’s Call Center.

SLO County’s Call Center will commence October 1, 2013 and will be open from 8 am – 8 pm, Monday – Saturday. From April 2014, the open hours will be shortened slightly.

Medi-Cal Expansion applications are expected to be taken starting October 1, 2013, although coverage will not begin until January 1, 2014. Each enrollment staff will be trained in 'horizontal integration', i.e., they will be able to enroll a person in any benefit program for which a person is eligible. DSS will assist in enrolling people into Covered CA.

Medi-Cal payments for medical care services can be retroactive back to 90 days; however, payments for persons newly eligible for Medi-Cal Expansion can only be retroactive back to January 1, 2014.

The asset test is no longer required for Medi-Cal Expansion. However, those applying for Long Term Care or who are Aged/Blind/Disabled must still qualify under the asset test.

Medi-Cal Expansion will utilize Modified Adjusted Gross Income (MAGI) to determine eligibility, verified through the federal information hub (IRS, SSA, DHS). Household size will also be based upon tax returns, not who actually lives in the home.

Medical services provided to youths institutionalized in juvenile facilities are funded by the state, and existing Medi-Cal coverage is put on hold. Medical services provided to adults institutionalized in jails are funded by the county, yet medical care provided outside of the facility, such as an inpatient hospital stay, may be covered by Medi-Cal, if eligible.

DSS is working with Public Health to take over the enrollment for the County Medical Services Program (CMSP) by January 1, 2014.

Discussion of Planning Group activities over next year

As there is much to consider/address as the county moves through implementing the ACA, Mr. Diringier queried participants as to what they would like from these ACA Planning Group meetings:

- Other implications of the ACA, such as: Accountable Care Organizations, Pay for Performance, Prevention; more information on jail medical care
- More information on how Immigration status affects eligibility; Clarification on potential information sharing through the federal information hub re immigrants and outstanding warrants.
- More information on what the future CMSP will look/act like.
- Follow up information per the Behavioral Health panel (June meeting); Integration of mental and physical health care, including co-occurring disorders; Homeless persons.
- How will we monitor enrollment progress enrollment?

Mr. Diringier concluded the meeting. The next ACA Planning Group meeting is scheduled for August 27, 2013, 3:00 – 5:00 pm.