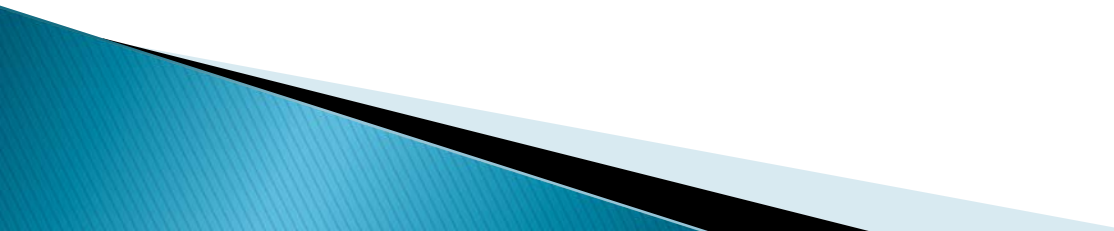


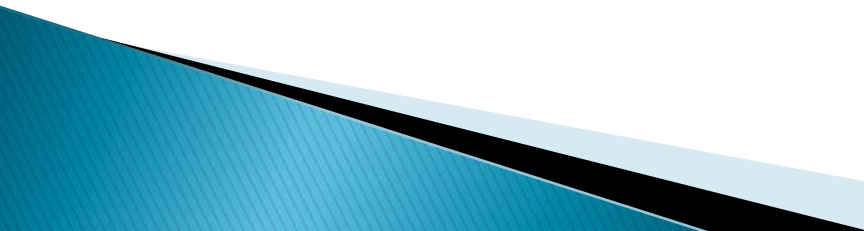
Health Care Reform

Cathy Senderling-McDonald
CWDA Annual Conference
October 3, 2012

Overview of Presentation

- ▶ Health Care Coverage Eligibility
 - ▶ County Human Service Agency Role
 - ▶ Horizontal Integration
 - ▶ Where We Are/What's Left to Do
 - ▶ County Implementation Opportunities
 - ▶ Questions
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Who will be Eligible for Subsidized Health Care Coverage?

- ▶ Everyone who is eligible now
 - ▶ Plus many more newly eligible
 - Low income, single, non-disabled adults
 - Couples without children
 - Parents whose children are eligible today, but they are not due to income or assets
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Health Care Coverage for Low Income Families

- ▶ MAGI-based Medi-Cal (New)
 - Uses Modified Adjusted Gross Income (MAGI)
 - Up to 138% FPL (133% plus 5% standard deduction)
 - Simpler rules
 - No asset test
 - Automatic verifications
 - Includes parents and children
 - Adds non-disabled adults without dependents

Health Care Coverage for Low Income Families

- ▶ Non-MAGI Medi-Cal (Today's programs)
 - Continues coverage for:
 - Aged and disabled persons
 - Persons eligible by way of another program (i.e., SSI, foster care)
 - CalWORKs is open question
 - Rules may change to some degree
 - Simplification envisioned
 - Most potential simplifications are state options
 - Special Session in December called by Governor

Health Care Coverage for Low Income Families

▶ Exchange Coverage

- 138–400% FPL
- Uses new Modified Adjusted Gross Income (MAGI)
- Offers:
 - Advanced Premium Tax Credit (APTC)
 - Cost Sharing Reductions (CSR)
 - Unsubsidized coverage at affordable rates

What is MAGI?

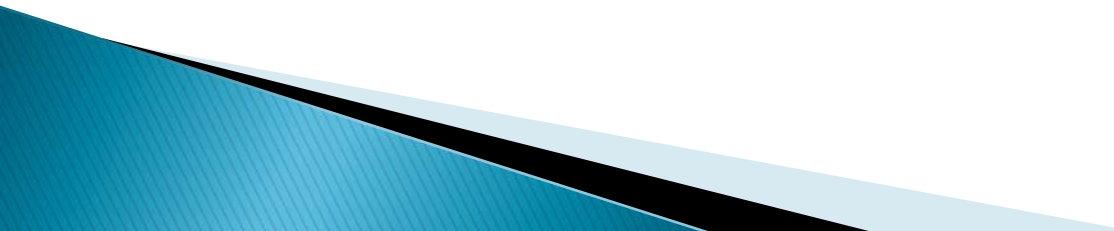
- ▶ Based on tax code – differs from today's rules
 - MAGI = Your Adjusted Gross Income, plus any foreign income or tax-exempt interest received
- ▶ Family size used to calculate FPL differs, too
 - Based on tax filing unit, not who lives together
 - Note: Rules for CalFresh, CalWORKs don't change
- ▶ Household income = MAGI of taxpayer, spouse, and any child/person claimed as a tax dependent
 - Includes persons who must report income on a separate return but are claimed as dependents by the taxpayer
 - To get tax subsidy, married couples must file jointly

How many will be newly covered?

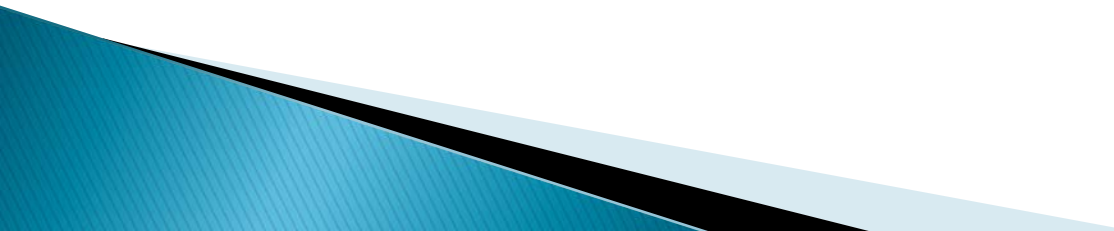
Coverage	2014	2015
Exchange Unsubsidized	253,500 – 255,000	427,500 – 467,500
Exchange Subsidy	900,000 – 1,190,000	1,170,000 – 1,610,000
New MAGI Medi-Cal	860,000 – 1,380,000	980,000 – 1,490,000

Source: Health Benefit Exchange Service Center Recommendation presentation to 8/23/12 HBEx Board

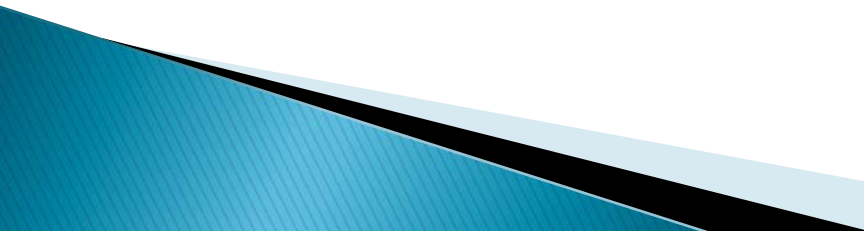
Horizontal Integration

- ▶ Envisioned in Affordable Care Act
 - ▶ Integrated eligibility for health & human services
 - ▶ Offer assistance across programs
 - Health coverage subsidies
 - CalFresh benefits
 - CalWORKs assistance
 - ▶ Address families needs comprehensively
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New Health Coverage & CalFresh

- ▶ Nearly everyone eligible for CalFresh will be eligible for Medi-Cal
 - Most for the new MAGI-based Medi-Cal
 - Some for non-MAGI Medi-Cal
 - ▶ Most newly eligible for MAGI-based Medi-Cal will be eligible for CalFresh
 - ▶ Has been an area of focus because of overlap
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Implementation: Key Dates

- ▶ July 2013 – Health Care Exchange Portal Launch
 - ▶ October 2013 – Pre-enrollment
 - Convert Low Income Health Program (LIHP) customers
 - Reach out to other likely eligibles
 - CalFresh customers
 - Parents of Healthy Families children
 - Former Foster Youth
 - Seek new enrollees through outreach campaign
 - ▶ January 2014 – Coverage begins
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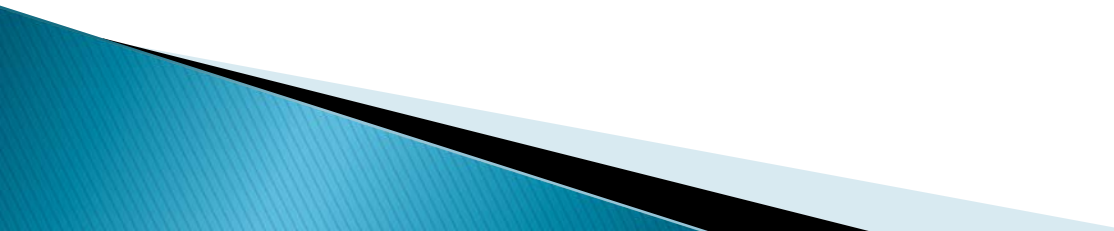
Implementation: Where we Are

- ▶ Federal regulations
 - Cover Exchange & Medicaid basics, tax policies
 - Some policies still not decided
- ▶ Enabling state legislation
 - AB 1602/SB 900 created Exchange
 - AB 1296 requires review of Medi-Cal changes
 - Several bills just signed by Governor; some vetoes
- ▶ Supreme Court Partially Upheld Law
 - Individual mandate is constitutional
 - Mandated Medicaid expansion is not (implications)

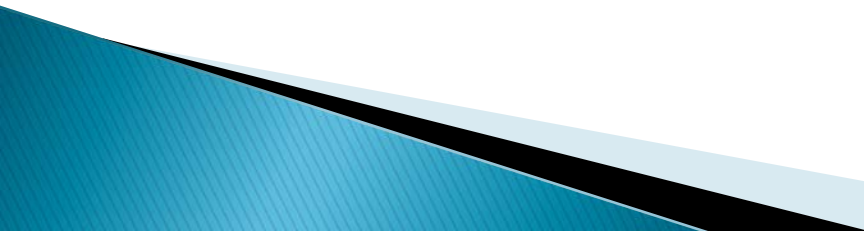
Implementation: Where we Are

- ▶ Exchange Board Well Into Second Year
 - Regular meetings – webcast
 - Stakeholder engagement
- ▶ AB 1296 Process: Underlying Medi-Cal Rules
 - Workgroups met throughout summer
 - AB 43/SB 677 introduced (not passed)
 - Likely a special session item
- ▶ Low-Income Health Programs (1915 Waiver)
 - Offer early expansion opportunity for counties

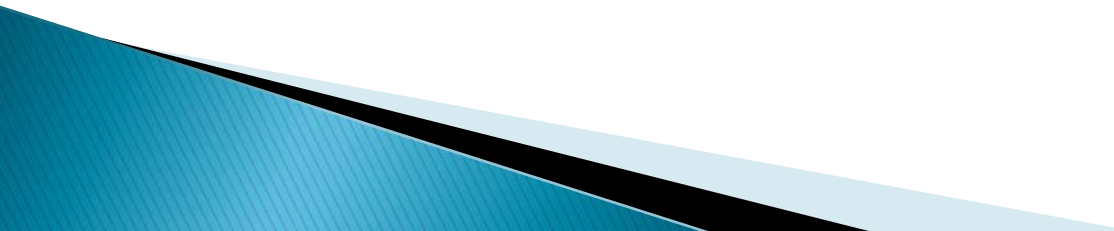
Counties: Goals & Opportunities

- ▶ Counties want health care reform to succeed
 - Providers of health care
 - Main point of access for health and human services
 - Advocates for community well-being
 - ▶ Take advantage of ACA to drive simplification
 - ▶ Drive use of modernized technology to:
 - Help manage workload
 - Provide enhanced services
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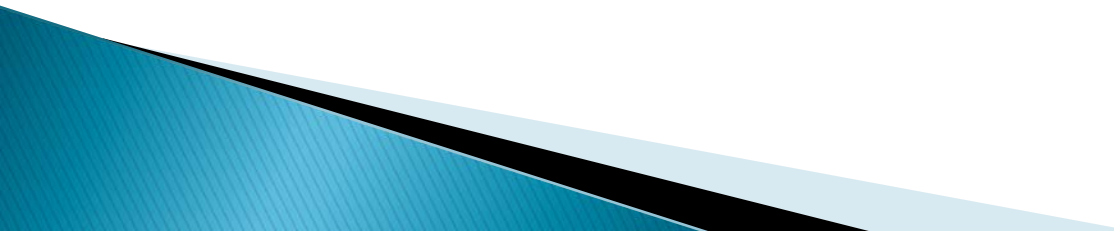
County Human Services Role

- ▶ Key partner in
*Creating a Culture of Coverage
with No Wrong Door*
 - ▶ Primary In Person Application Option
 - County Human Service Offices
 - Outstation Locations
 - Outreach Efforts
 - Along with Community Navigators & Assistors
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County Human Services Role

- ▶ Applications Over the Phone
 - Continue to assist with calls directly to county
 - Take “Warm Hand-Off” from Statewide Customer Service Center through a network of County Customer Service Centers
 - Offer health care coverage to families calling your county seeking other services
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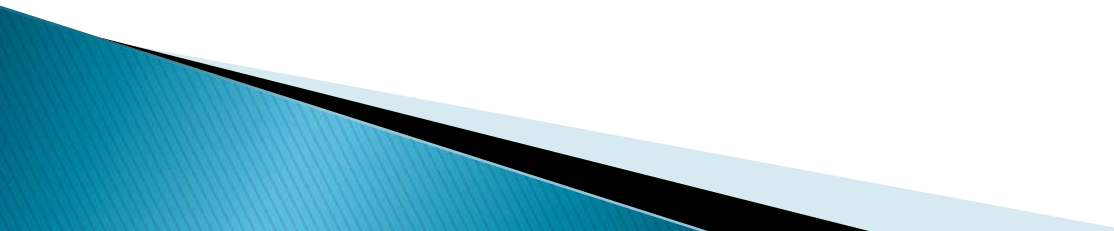
Implementation: Work in Progress

- ▶ Remaining Policy/Practice Decisions
 - Remaining Service Delivery Models
 - Program Policy Clarification
 - Potential Non-MAGI Rule Changes
 - ▶ Funding mechanisms for county work
 - Working on estimates of caseload increases
 - ▶ Automation support
 - CalHEERS
 - SAWS
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Implementation: County Support

- ▶ California Endowment Project
 - Best practices in customer service
 - Helping effect change to “culture of coverage”
 - Workgroups underway and gathering information
 - Looking to other states and private sector too
 - Symposium in mid-January to share results
- ▶ CWDA Health Care Reform Work Group
 - Intake & caseload estimates
 - Implementation Guide
 - Readiness Check List
 - Comprehensive training approach

What Can Counties Do Now?

- ▶ Lay Groundwork for a “Culture of Coverage”
 - Engage communities, workforce in planning
 - Incorporate “culture of coverage” into your system
 - ▶ Take Opportunity to Examine Service Delivery
 - Look at pathways into your system
 - Build CalFresh benefit outreach into your approach
 - Reach out to eligible groups with integrated service
 - ▶ Engage in Stakeholder Processes
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Questions?

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