



So We've Implemented ACA: Now What?

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So What Happened?

- Added approximately 4 million new individuals
 - 2.5 million optional new adults, ages 19-64, representing 49 percent of enrollments
 - 1.3 million children, ages 0-18 (this includes the children transitioned from the former Healthy Families Program)
 - Represents coverage of half of the child population in California
- Females represent 54 percent of enrollees
- 80 percent of eligibles are enrolled in managed care
- Hispanics represent:
 - 47 percent of individuals eligible on the basis of MAGI
 - 49 percent of individuals eligible on the basis of non-MAGI



New Coverage Opportunities

Health Coverage for All Children

- Full scope Medi-Cal coverage to children under age 19 regardless of immigration status.
- Approximately 170,000 children are estimated for this program of which approximately 120,000 are currently enrolled in restricted scope Medi-Cal.
- Eligible children must meet all other Medi-Cal eligibility requirements; have an income that does not exceed 266 percent of the FPL and they will be mandatorily enrolled into Medi-Cal managed care plans, based on their county of residence.
- Program implementation will occur when the necessary CalHEERS system changes are in place, but no sooner than May 1, 2016.
- Implementation efforts include:
 - Working with stakeholders to develop eligibility and enrollment plan
 - Development of beneficiary notices
 - Discussion of outreach options for eligible children not yet enrolled
 - Process to transition children currently in restricted scope coverage to full scope coverage
 - Launch a webpage with information such as contacts, FAQs, draft notices and upcoming meetings/webinars
 - First webinar tentatively planned for November 17, 2015



New Coverage Opportunities

Medi-Cal for Pregnant Women

- Effective August 1, the income standard for newly eligible pregnant women was increased to 138 percent of the FPL for receipt of full-scope Medi-Cal benefits and the income standard for Pregnancy Only Medi-Cal was changed to above 138 percent of the FPL up to and including 212 percent of the FPL.
- Pregnancy Only Medi-Cal will be designated minimal essential coverage by CMS (federal approvals in process).
 - Women dually enrolled in Pregnancy Only Medi-Cal and Covered CA coverage will be subject to a “grandfathering period” to minimize care disruptions.
- Approximately 8,000 women currently enrolled in Pregnancy Only Medi-Cal will be impacted by this change.
- Newly eligible pregnant women coming into Medi-Cal with an income up to and including 138 percent of the FPL will be required to mandatorily enroll into Medi-Cal managed care plans, based on their county of residence .
- DHCS has worked with county partners, health plans, and stakeholders to develop an informing notice for pregnant women who are currently receiving pregnancy-only Medi-Cal benefits about the change.
- The federal approvals for this new policy change are posted on the DHCS website.



New Coverage Opportunities

Newly Qualified Immigrant Affordability and Benefit Program

- Eligible individuals will be required to receive health coverage through Covered CA with Medi-Cal being provided as “wrap-around services”.
- Approximately 50,000 individuals will be eligible for this program.
- To be eligible for this coverage a Qualified Alien:
 - Must be 21 or older and under 65 years of age
 - Must be subject to the five-year bar
 - Must have income at or below 138 percent of the FPL
 - Must not have minor children eligible for Medi-Cal
- DHCS will pay for the Covered CA premiums and cost sharing and will provide wrap around Medi-Cal covered services that are not included under Covered CA.
- Program implementation is being planned for the 2017 open enrollment period, once system changes have been programmed into CalHEERS.



So What Is Next?

- Ongoing use of express lane enrollments
 - Cal Fresh eligibility
 - “Reverse” Cal Fresh
- Retention of coverage
 - Renewal simplifications
 - Exparte processes
 - 90 day cure period
 - Local outreach and enrollment efforts
- Utilization of covered services
 - Access to preventive services
 - Health education and outreach
- Horizontal Integration



What About Covered Benefits?

- Focus on person centered care - improved coordination and service integration to meet triple aim
 - Physical health, dental and behavioral health
- Use of preventive services
 - Early Periodic Screening Diagnosis and Treatment
 - Bright Futures Periodicity Schedule
 - Behavioral Health Treatment/Applied Behavioral Analysis
 - State Plan Amendment (federal approvals pending) – approximately 2,900 receiving services via Medi-Cal managed care plans
 - Program transitions from 1915 waiver to State Plan – 13,000 affected children
 - Dental
 - Pediatric Outreach
 - Waiver concept
- Decrease use of psychotropic medications for children, especially for children in foster care
- Provision of mild to moderate mental health services through managed care and fee-for-services delivery systems
- Planning and implementation of new Drug Medi-Cal waiver
- Use of palliative care services in continuum of care
- Redesign of California's Children's Services program



Program Management Tools

- Ongoing program integrity efforts
 - Provider re-certifications
 - Increased DHCS oversight
- Public reporting
 - Bi-monthly stakeholder updates
 - Monthly CMS performance reports
 - Quarterly health care reform eligibility reports (Assembly Bill x1 1)
- Use of dashboards
 - Managed care
 - Mental health
 - Dental
 - Children's health



Challenges/Priorities

- Securing federal approval for new demonstration waiver; current Bridge to Reform waiver expires October 31, 2015.
- Securing funding to cover potential Medi-Cal funding deficit of \$1.3 billion due to ending managed care tax in 2016.
- Ongoing recruitment and retention of qualified provider pool – what are the appropriate triggers to address?
- Ongoing program integrity given growth resulting from ACA implementation.
- Striving to meet triple aim – quality care, improved health care outcomes, decreased program costs



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