



Preparing for 2014 ACA implementation

Eligibility, Enrollment & Retention
Public Health Coverage
Public Benefits

PRESENTATION OVERVIEW

1. Preparing for Health Care Reform: Eligibility, Enrollment, and Retention
2. Current Status of Eligibility, Enrollment & Retention : Mapping
3. Next steps in 2013: preparing for ACA implementation

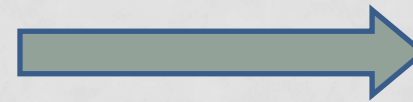
PREPARING FOR 2014

- Health coverage eligibility, enrollment and retention systems will change in January 2014
 - New rules governing eligibility
 - Newly eligible MC population
 - Exchange
 - Simplified applications and renewals
 - Introduction of major new eligibility system
 - CalHEERs (CA healthcare eligibility, enrollment and retention system)

What happens in 2014?

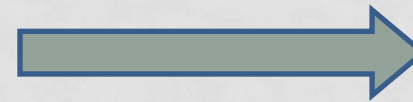
Existing Programs

- Medi-Cal (poor and: “linkage” = pregnant, parenting, disabled, or over 65) + asset test



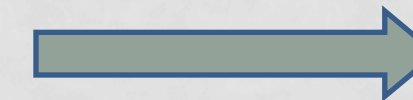
After January 1, 2014
Non-MAGI* Medi-Cal, 0-138% FPL with linkage + asset test

- HealthPAC Medi-Cal Coverage Expansion (MCE) “no linkage”



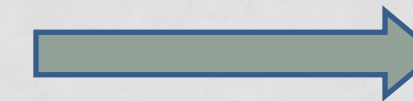
MAGI* Medi-Cal
0-138%FPL, citizen/LPR

- HealthPAC Health Care Coverage Initiative (HCCI) “no linkage”



Exchange
138-200% FPL, citizen/LPR

- HealthPAC County (not eligible for MCE or HCCI and are between 0 and 200% of FPL)



County Program
Eligibility TBD

PREPARING FOR 2014 CONT

- Maximize enrollment in Alameda County: 3 Steps
 - Step One: Mapping of current system
 - Step Two: Analysis of alternatives moving forward
 - Step Three: Implementation
- Overview of Step One: Mapping

CURRENT STATUS: MAPPING EXERCISE

- Collaboration between SSA and HCSA
- Map current system (One-e-App, Health-e-App, CalWiN, Benefits CalWIN, and Paper Applications)
- Understand who can use each system, what programs can be applied for, and ease and use.
- While it only describes a point in time, it serves as a foundation for evaluating what is and is not working.

MAPPING EXERCISE (CONT)

- Overview of current system
- Scenarios
- Findings

ENROLLMENT PORTALS

Benefits Continuum
Administered by SSA

130% FPL

CalFresh

SSA Medi-Cal Programs

The Exchange

400% FPL

Health Care Coverage Continuum
Administered by HCSA, SSA and the Exchange

- HealthPAC County
- HealthPAC LIHP MCE
- HealthPAC LIHP HCCI

0% FPL

HCSA Indigent Programs

CalWORKS

- Small Employer Health Option Program (SHOP)
- Individuals

General Assistance (GA)

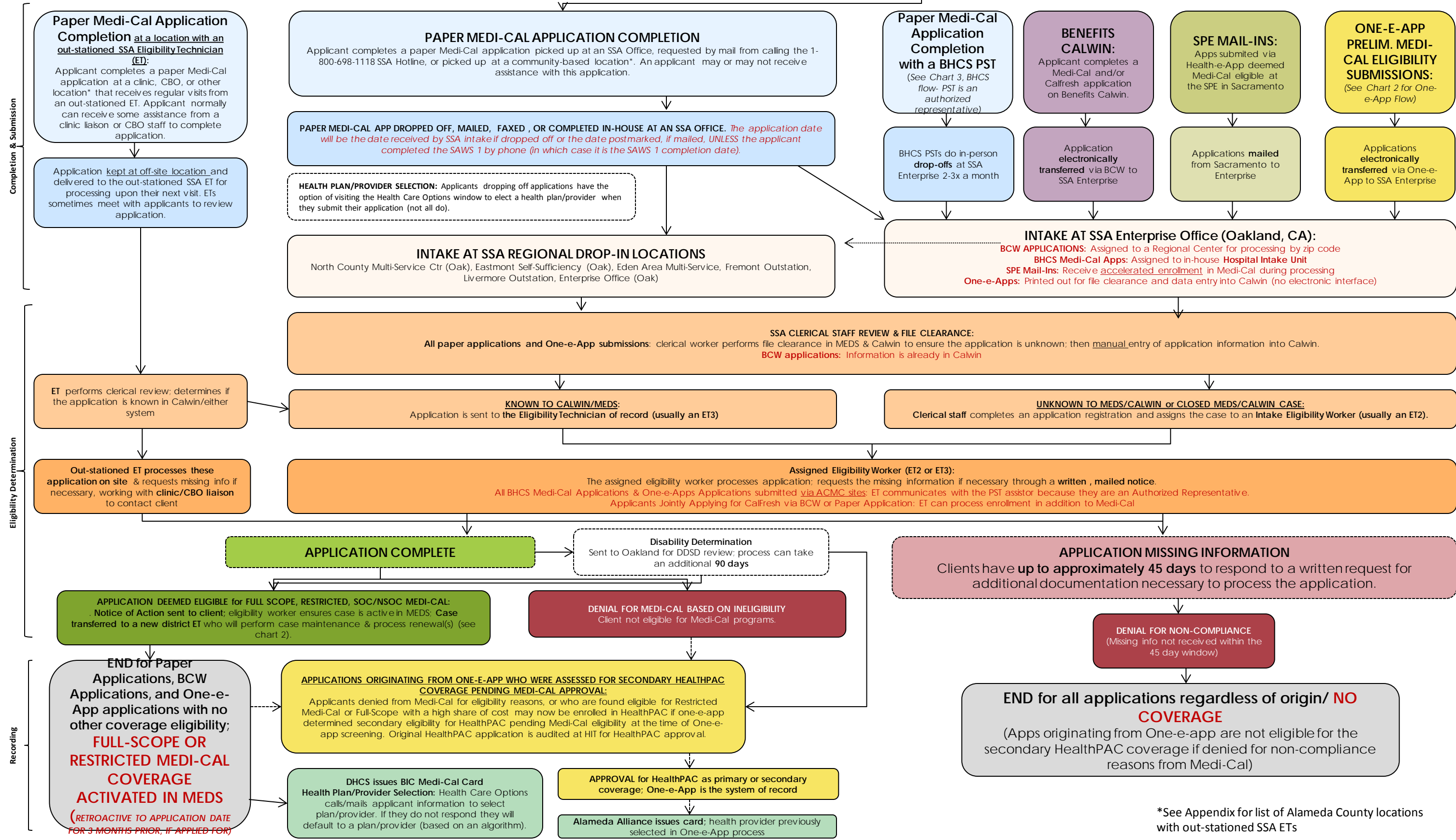
0% FPL

- Healthy Families (HF) Transition to the Targeted Low-Income Children's Program (TLICP) under Medi-Cal
- Access for Infants and Mothers (AIM)
- Other Medi-Cal Programs
 - Foster care, Adoption, Pregnancy, Disability

Medi-Cal Eligibility & Enrollment: Application Portals & Eligibility Determination

CHART 1

(Optional) **SAWS 1 Completion by Phone:**
 An applicant may complete a SAWS 1 by phone with SSA; receives appointment to come in and complete the rest of the application. *The Medi-Cal application date is retroactive to SAWS 1 completion.*



*See Appendix for list of Alameda County locations with out-stationed SSA ETs

Community-Based Organizations with One-e-App Users:
 1) Asian Health Services (Oakland), 2) Axis Community Health (Livermore), 3) La Clinica de la Raza (Oakland), 4) Lifelong Medical (Berkeley & Oakland), 5) Native American Health Center (Oakland), 6) West Oakland Health Council (Oakland), 7) Tiburcio Vasquez Health Center (Hayward), 8) Tri-Cities Health Center (Fremont), 9) Healthy Communities, Inc. (Oakland)

Alameda County Medical Center Sites:
 1) Highland Hospital, 2) Fairmont Hospital, 3) John George Psychiatric, 4) Eastmont Wellness, 5) Newark Health Center, 6) Winton Wellness

Health Insurance Technician (HIT) Unit (HCSA, San Leandro)
 1-800 Number, Flyers, SSA Cover Letter serve as outreach

Some clinics staff **call centers** which prescreen applicants using a basic paper screening tool, schedule an appointment for client, & notifies them of required documentation to bring based on what programs it looks like they are eligible for.

Initial phone screening with financial services or referral from a hospital department; appointment scheduled with an eligibility specialist (**PST**)

Initial phone screening, required doc list mailed, appointment scheduled with HIT

ONE-E-APP:
 Applicant meets with a **patient advocate** to complete One-e-app at the clinic location. **Patient Advocate** checks CalWIN (view-only) before beginning one-e-app to see if the applicant has a past case or file. Clinics do not have MEDS access to check past Medi-Cal status in other counties or see MEDS case details.

ONE-E-APP:
 Applicant meets with a **PST** to complete one-e-app at the location. **PST has both Calwin and MEDS access (read-only) and checks** before beginning one-e-app to see if the applicant has a past Medi-Cal case or existing renewal file

ONE-E-APP:
 Applicant meets with a **HIT** to complete one-e-app at HCSA. **HIT has both Calwin and MEDS access (read-only)** and checks before beginning one-e-app to see if the applicant has a past case or file.

Preliminary Eligibility for MEDI-CAL

MEDI-CAL Supplemental Forms in One-e-App:

- ✓SAWS1
- ✓50-85 Language Preference Survey
- ✓MC007 Medi-Cal General Property Limit
- ✓MC219 Medi-Cal Rights and Reporting Responsibilities
- ✓MC210A Retroactive Medi-Cal Application (optional)
- ✓MC13 Statement of Citizenship, Alienage, & Immigration Status
- ✓CW2.1Q Non-custodial Parent
- ✓CW2.1A Agreement to Attach Absent Parent Information
- ✓MC220: Authorization for Release of Information*
- ✓MC223: Statement of Facts Regarding Disability*

*All Users have these forms turned on in One-e-App, but not all clinics complete forms with clients-some defer to SSA ET to assist

Preliminary Eligibility for Healthy Families*

HEALTH-E-APP INTERFACE WITHIN ONE-E-APP

1. User Submits One-e-App information to Health-E-App; electronic 5 step transfer
2. Health-E-App will scan other household members for Medi-Cal- **ALL assistors request "No" as all adults are processed through AC SSA office through a direct One-e-App transfer**
3. Client selects a Health Plan and a Health Home
4. Signature, Rights and Declarations for both Healthy Families & Medi-Cal
5. All verification documents for all family members must be faxed **within 24 hours** or the application will be terminated

Preliminary Eligibility for HealthPAC
 (as either primary coverage or secondary coverage to Restricted Medi-Cal or FS Medi-Cal with a high share of cost)

Preliminary Eligibility Kaiser Child Health Plan (HIT ONLY)
 HIT assist applicant to complete a paper application which they mail to Kaiser.

ELECTRONIC SUBMISSION TO SSA ENTERPRISE
 See Chart #1 for Medi-Cal Application Flow

ELECTRONIC SUBMISSION TO SINGLE POINT OF ENTRY (SPE) AT SACRAMENTO
 (See Chart 4, Health-E-App)

Application Submission

COUNTY AUDIT

Final Approval

Denial

Final Approval (takes approximately 45 days to process)

Denial

Healthy Families Final Approval

Denial

Child found Medi-Cal eligible upon review at SPE

System of Record Entry: MEDS

Child receives **ACCELERATED ENROLLMENT** & application mailed to SSA for final eligibility determination (see chart 1)

System of Record: One-e-App

Alameda Alliance issues benefits card; health home pre-selected in One-e-App application process

*Transitioning to the Targeted Low Income Health Program within Medi-Cal as of 1/1/13

Completion & Submission

Final Eligibility Determination

Recording

Alameda County Behavioral Health Care Services: Eligibility Determination & Enrollment Processes for Medi-Cal & HealthPAC

Process 1: Screening with a BHCS HIT

HIT

A BHCS client may be screened on an appointment basis for coverage at one of the following locations with out-stationed BHCS HITs:
 1) Tri-City Clinic, 2) North County Crisis, 2) South County Crisis, 4) Valley Clinic, 5) Authorization Services, 6) ACCESS, 7) Oakland Clinic, 8) Schumann-Liles Clinic, 9) Eden Clinic, 10) Alameda Clinic, 11) the Cove, 12) Villa at Fairmont

Verifying Coverage: BHCS HIT will check INSYST, MEDS, CalWIN, and/or One-e-App to verify current or past Medi-Cal or HealthPAC coverage.

If the client has no current coverage:

BHCS HIT screens the client for an UMDAP to determine their ability to pay for mental health costs based on a sliding scale, and:

Paper Medi-Cal Application

BHCS HIT worker will assist client to complete a paper Medi-Cal application. BHCS HIT is the authorized representative.

(go to Chart 1 – Medi-Cal Enrollment)

Clients who are:
 ✓ Not eligible for Full Scope Medi-Cal
 ✓ Submitting a Medi-Cal application pending a disability determination

Possible HealthPAC eligibility

BHCS HIT assists client to complete the **HealthPAC Declarations**
 1) Residency & Income Declaration Form
 2) Legal Status Declaration Form
 3) Application of Rights and Declarations

BHCS HIT uploads a HealthPAC policy into INSYST, the practice management/billing system. Declaration forms stored on site.

Automated policy transfer process from INSYST to One-e-App via a flat file

Alameda Alliance issues benefits card

BHCS HITs also have **One-e-App access** and can use One-e-App to directly enroll the client in HealthPAC as a second option

Process #2: Automated Enrollment Process

BHCS clients with current General Assistance or CalFresh benefits, and all county General Assistance recipients

BHCS automatically secures filing date for a HealthPAC policy and uses a data matching process with CalWIN for necessary citizenship/income data

Automated policy transfer process from INSYST to One-e-App via a flat file

Alameda Alliance issues benefits card

Process #3: Screening/Enrollment at a BHCS Contracted CBO

BHCS client screened at a BHCS contracted CBO licensed to do HealthPAC enrollment:

Verifying Coverage: CBO worker will check INSYST to see if the client has a current record of coverage.

If the client has no current coverage:

Worker screens the client for an UMDAP to determine their ability to pay for mental health costs based on a sliding scale, and:

Paper Medi-Cal Application completion with the client

(go to Chart 1 – Medi-Cal Enrollment)

Clients who are:
 ✓ Not eligible for Full Scope Medi-Cal
 ✓ Submitting a Medi-Cal application pending a disability determination

Possible HealthPAC eligibility

Client completes the
 1) Residency and Income Declaration Form
 2) Legal Status Declaration Form
 3) HealthPAC Application of Rights and Declarations

CBO staff collect
 1) original documentation of residency,
 2) doc of income
 3) original legal status documentation

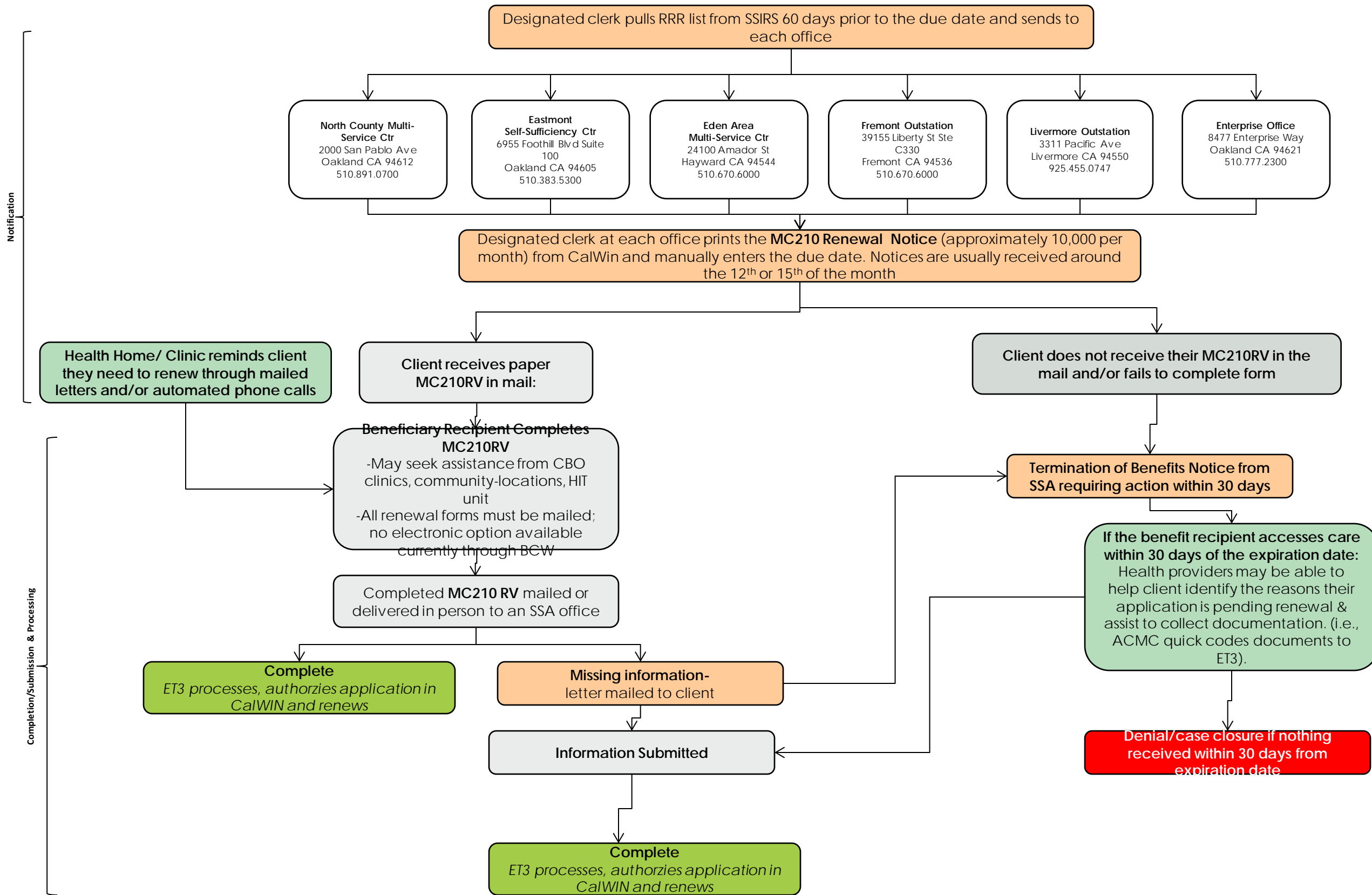
PST or CBO staff fax all documents to Provider Relations/BHCS HealthPAC Coordinator (510) 777-2225 or mail it

BHCS HIT at Provider Relations uploads a HealthPAC policy into INSYST

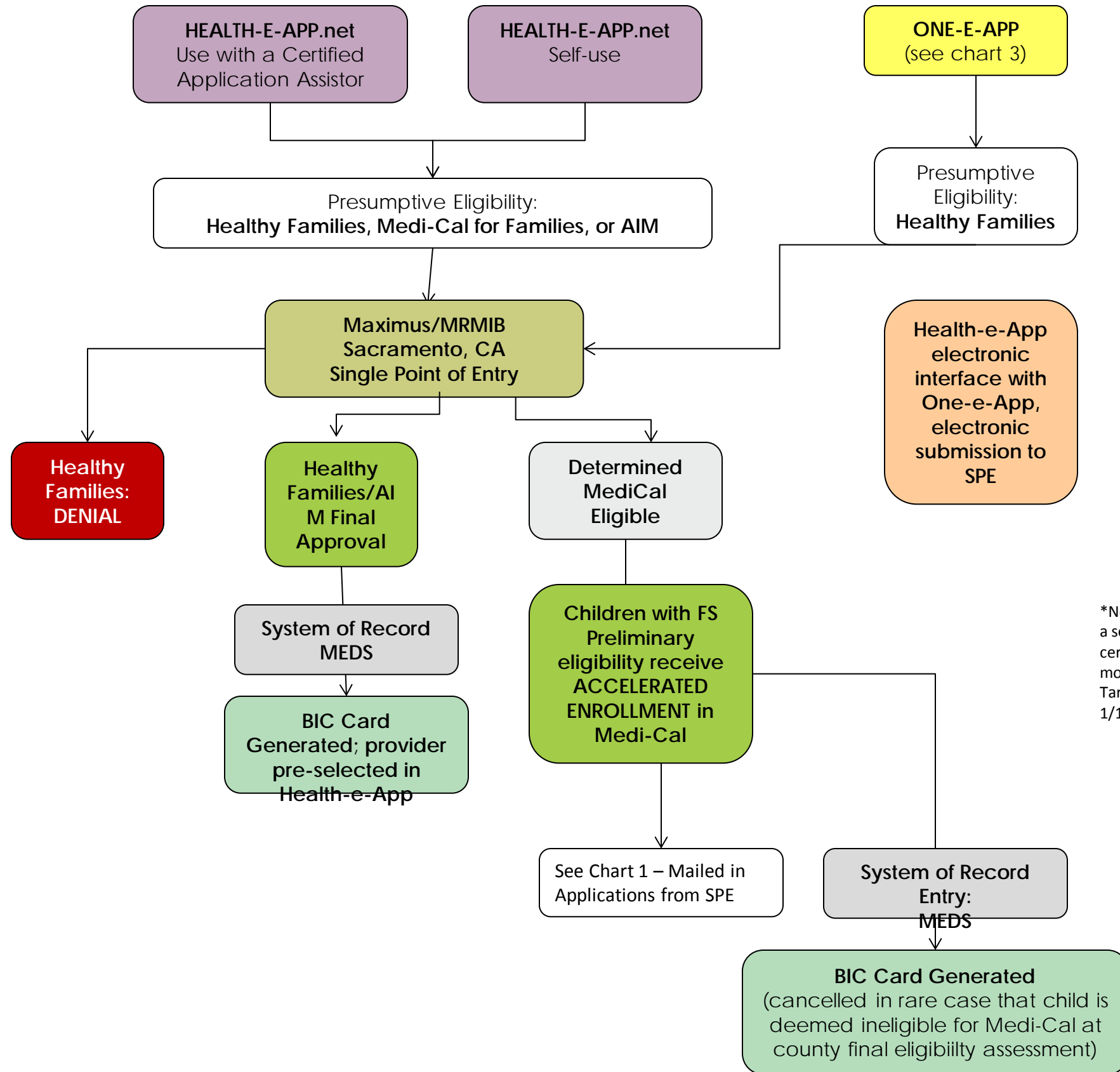
Automated policy transfer process from INSYST to One-e-App via a flat file

Alameda Alliance issues benefits card

Documents stored at The Cove (1900 Embarcadero), Electronic Doc Storage



Health-e-App*: Application Submission for Healthy Families, Medi-Cal for Children and Pregnant Women, and AIM



*Note: Health-e-App is not used extensively in Alameda County as a self-use enrollment platform, nor is it used extensively by certified application assitors in the community (One-e-App is used more). Additionally, Healthy families is transitioning to the Targeted Low Income Health Program within Medi-Cal as of 1/1/13. The role of the SPE long-term is unknown at this time.

SCENARIO 1

Client Applies to Medi-Cal through Benefits CalWIN (BCW)

- Client can apply from the convenience of their home/community.
- BCW system is not designed for an application assistor to help.
- BCW will populate a Medi-Cal application based on prompted questions.
- If the client chooses to apply for CalFresh in addition to Medi-Cal, BCW will also populate a CalFresh application for the client. However, BCW will not automatically assess eligibility and/or populate applications for other benefits programs such as CalFresh unless the client selects they would like to apply.
- If the applicant is denied for Medi-Cal, they are sent a letter that they may be eligible for HealthPAC, but the client would need to go to a location to start a HealthPAC application. No application information transfers to One-e-App.

SCENARIO 2

Client shows up at a health clinics and has not yet enrolled in any program.

- An application assistor will help the client apply for a low-income health coverage program through One-e-App. If an applicant appears eligible for HealthPAC, the assistor will work with the client to complete an application on One-e-App. If the applicant appears eligible for Medi-Cal with a high share of cost or restricted Medi-Cal, both a HealthPAC and Medi-Cal application are generated and the application date is secured for both programs.
- The Medi-Cal application shows up as a paper application at SSA which generates more work for SSA (the application needs to be re-entered into CalWIN).
- The client will not be assessed for eligibility in other benefits programs such as CalFresh or General Assistance.
- Some clinics help clients fill out CalFresh paper applications, but it isn't integrated into One-e-App or standardized across the program.

SCENARIO 3

Client shows up at a Behavioral Health Care Services specialty mental health site with no coverage.

- Program support representatives work with the client to schedule an appointment with a BHCS HIT.
- BHCS HIT works to assess the client's possible eligibility for low income health programs. Many BHCS clients are eligible for Medi-Cal through disability. BHCS HIT will assist these clients to complete a paper application for Medi-Cal in these cases which is dropped off at SSA for processing at their Hospital Intake Unit.
- BHCS HITs are authorized representatives of the clients and receive all notices from SSA about the status of the application and can communicate directly with the assigned ET.
- For clients not eligible for Medi-Cal, or eligible for Medi-Cal pending disability, BHCS will upload a HealthPAC policy in INSYST, their client database, and a HealthPAC policy is automatically generated in One-e-App.

SCENARIO 4

Client with Medi-Cal receives a renewal notice and RRR form in the mail.

- Client may self-complete and mail, fax, or drop-off at an SSA office.
- Client may attempt to seek assistance from a community-based location or clinic to complete application.
- No online portal for submitting Medi-Cal renewals currently exists (pending through BCW).
- No way for an application assistor to submit a renewal online on an applicant's behalf.

SCENARIO 5

Client with HealthPAC receives a renewal notice in the mail.

- Client may renew at their health home, at the HIT unit, or an ACMC site.
- Client must present income documentation to the assistor.
- No way for client to renew on their own without presenting at a clinic, HIT unit, or ACMC site with a One-e-App assistor.

KEY FINDINGS

- Enrollment portals very complex
- Systems do not talk to each other- resulting in clients having to provide documentation multiple times
- Clients are not always enrolled in all programs, despite being eligible
- Applications can be hard to track
- Renewals are not streamlined

NEXT STEPS 2013

- Create No Wrong Door for clients
 - Medi-Cal, Exchange, HealthPAC
 - Per ACA requirement, enroll in SSA benefits as well
- Exchange Decisions:
 - CalHeers
 - State Call Center
- Community Engagement and Communication