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
- HealthPAC Medi-Cal Coverage Expansion (MCE) “no linkage”
- HealthPAC Health Care Coverage Initiative (HCCI) “no linkage”
- HealthPAC County (not eligible for MCE or HCCI and are between 0 and 200% of FPL)

After January 1, 2014

- Non-MAGI* Medi-Cal, 0-138% FPL with linkage + asset test
- MAGI* Medi-Cal 0-138%FPL, citizen/LPR
- Exchange 138-200% FPL, citizen/LPR
- County Program Eligibility TBD

*MAGI = Modified Adjusted Gross Income
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
- 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

• HealthPAC County
• HealthPAC LIHP MCE
• HealthPAC LIHP HCCI

CalFresh

• 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
  o Foster care, Adoption, Pregnancy, Disability

SSA Medi-Cal Programs

The Exchange

• Small Employer Health Option Program (SHOP)
• Individuals

HCSA Indigent Programs

Health Care Coverage Continuum
Administered by HCSA, SSA and the Exchange
Alameda County Behavioral Health Care Services: Eligibility Determination & Enrollment Processes for Medi-Cal & HealthPAC

Process 1: Screening with a BHCS HIT

1. A BHCS client may be screened on an appointment basis for coverage at one of the following locations with out-stationed BHCS HITs:
   - Tri-City Clinic
   - North Country Crisis
   - South Country Crisis
   - Valley Clinic
   - Authorization Services
   - ACCESS
   - Oakland Clinic
   - Schumann-Uses Clinic
   - Eden Clinic
   - Alameda Clinic
   - the Cove
   - Villa at Fairmont

2. Verifying Coverage: BHCS HIT will check INSYST to see if the client has a current record of coverage.

3. If the client has no current coverage:
   - BHCS HIT screens the client for a UMDCAP to determine their ability to pay for mental health costs, and:
     - Possible HealthPAC eligibility

   1. Client completes the:
      - Residency and Income Declaration Form
      - Legal Status Declaration Form
      - HealthPAC Application of Rights and Declarations

   2. CBO staff collect:
      - Original documentation of residency
      - Doc of income
      - Original legal status documentation

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

   4. BHCS HIT uploads a HealthPAC policy into INSYST, the practice management/billing system.

   5. Alameda Alliance issues benefits card

   (go to Chart 1 – Medi-Cal Enrollment)

Process #2: Automated Enrollment Process

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

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

3. BHCS HIT assists client to complete the HealthPAC Declarations:
   - Residency & Income Declaration Form
   - Legal Status Declaration Form
   - Application of Rights and Declarations

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

5. Alameda Alliance issues benefits card

   (go to Chart 1 – Medi-Cal Enrollment)

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

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

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

3. If the client has no current coverage:
   - Worker screens the client for an UMDCAP to determine their ability to pay for mental health costs based on a sliding scale, and:

4. Paper Medi-Cal Application completion with the client

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

   (go to Chart 1 – Medi-Cal Enrollment)

   - 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 to

   - BHCS HIT uploads a HealthPAC policy into INSYST

   - Alameda Alliance issues benefits card

   - Documents stored at The Cove (1900 Embarcadero), Electronic Doc Storage
Annual Medi-Cal Renewals through Calwin

Designated clerk pulls RRR list from SSIRS 60 days prior to the due date and sends to each office.

- North County Multi-Service Ctr
  - 2000 San Pablo Ave
  - Oakland CA 94612
  - 510.891.0700
- Eastmont Self-Sufficiency Ctr
  - 6955 Football Blvd Suite 100
  - Oakland CA 94605
  - 510.883.3300
- Eden Area Multi-Service Ctr
  - 2400 Armador St
  - Hayward CA 94544
  - 510.670.6000
- Fremont Outstation
  - 39155 Liberty St Ste C330
  - Fremont CA 94536
  - 510.670.6000
- Livermore Outstation
  - 3311 Pacific Ave
  - Livermore CA 94550
  - 925.455.0747
- Enterprise Office
  - 8417 Enterprise Way
  - Oakland CA 94621
  - 510.777.2300

Designated clerk at each office prints the MC210 Renewal Notice (approximately 10,000 per month) from CalWin and manually enters the due date. Notices are usually received around the 12th or 15th of the month.

Completed MC210 RV mailed or delivered in person to an SSA office.

Health Home/ Clinic reminds client they need to renew through mailed letters and/or automated phone calls.

Client receives paper MC210RV in mail:

Beneficiary Recipient Completes MC210RV
- May seek assistance from CBO clinics, community-locations, HIT unit
- All renewal forms must be mailed; no electronic option available currently through BCW

Completed MC210 RV mailed or delivered in person to an SSA office.

Client does not receive their MC210RV in the mail and/or fails to complete form:

Termination of Benefits Notice from SSA requiring action within 30 days

If the benefit recipient accesses care within 30 days of the expiration date:
- Health providers may be able to help client identify the reason their application is pending renewal & assist to collect documentation. (i.e., ACMC quick codes documents to ET3).

Denial/case closure if nothing received within 30 days from expiration date.
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 assistants 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.
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