

## **Health Reform Community Forum FAQs – March 28, 2013**

### **Differences Between MAGI and Non-MAGI**

#### **1) What are the differences between MAGI and Non-MAGI Medi-Cal?**

**MAGI:** MAGI is an abbreviation for Modified Adjusted Gross Income and is an income methodology used by the Internal Revenue Service (IRS). It will be a new way that income is determined for certain Medi-Cal beneficiaries, beginning on January 1, 2014.

In January 2014, there will be a new Medi-Cal population which will be in the MAGI Medi-Cal category. These are individuals 19-64 years old. They must simply meet the income requirement of less than 138% of the Federal Poverty Level (FPL), or pay a share of cost depending on the program. These individuals will no longer have to pass an asset test. Assets can include cash, checking and savings accounts, stocks, bonds, life insurance, etc.

In addition to the new MAGI Medi-Cal population (individuals age 19-64 at no more than 138% FPL), the MAGI income methodology will also be used for children ages 0-19 (up to 250% FPL), parents and adult caretakers with linkage through a qualifying child (up to 138% FPL), and pregnant women (up to 138% FPL for full-scope Medi-Cal, 138-200% FPL for pregnancy services). These beneficiaries may have a Share of Cost or specific premium amount depending on their income level and program.

**Non-MAGI:** The Non-MAGI Medi-Cal population includes those low-income individuals who must be linked to Medi-Cal through a specific category - CalWORKS, SSI, aged, blind, disabled, foster care, or adoption assistance. Then, they must pass an asset test (no more than \$2000/individual or \$3000/couple). The asset test still exists for this subset of individuals because Medi-Cal for this population has a different benefit package and/or may be linked to other services (SSI income, etc.) Lastly, they must meet the income requirement (under 138% FPL), or pay a Share of Cost depending on the program (a share of cost occurs when the individual or household exceeds the 138% FPL threshold and therefore have to pay a portion of their premium).

#### **2) What is the Federal Poverty Level (FPL) breakdown for MAGI and Non-MAGI population?**

Non-MAGI income methodology uses net non-exempt (after deduction, disregards and exemptions) income of the individual or family to determine financial eligibility to the Medi-Cal program. MAGI income methodology uses the adjusted gross income of the individual or family as reported to the IRS and allows a 5% disregard. Therefore a consumer with income at 138% FPL may be eligible for Medi-Cal, given that the 5% disregard drops them down to the 133% FPL level.

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### Family Size, % of FPL and Monthly Income

<b>Family Size</b>	<b>100% Monthly</b>	<b>133% Monthly</b>	<b>138% Monthly</b>	<b>150% Monthly</b>	<b>175% Monthly</b>	<b>200% Monthly</b>	<b>250% Monthly</b>
<b>1</b>	958	1,274	1,322	1,437	1,676	1,915	2,394
<b>2</b>	1,293	1,720	1,784	1,939	2,262	2,585	3,232
<b>3</b>	1,628	2,165	2,246	2,442	2,849	3,255	4,069
<b>4</b>	1,963	2,611	2,709	2,944	3,435	3,925	4,907
<b>5</b>	2,298	3,056	3,171	3,447	4,021	4,595	5,744
<b>6</b>	2,633	3,502	3,633	3,949	4,607	5,265	6,582
<b>7</b>	2,968	3,947	4,096	4,452	5,194	5,935	7,419
<b>8</b>	3,303	4,393	4,558	4,954	5,780	6,605	8,257

**3) If someone is aged, blind, or disabled, and under 138% of the FPL, but above the asset test, where do they fall?**

Disabled or blind individuals aged 19-64 (whose income is under 138% of FPL, but assets exceed the limit) would qualify for MAGI Medi-Cal. Those over 65 whose income exceeds the asset test are not eligible for MAGI Medi-Cal. However, they may qualify for Medicare and be eligible for one of the Medicare Savings Programs, such as Qualified Medicare Beneficiary Program (QMB) or Specified Low-Income Medicare Beneficiary Program (SLMB).

**4) Can Non-MAGI Medi-Cal recipients transition into the MAGI Medi-Cal category?**

Yes. When a CalWORKS-linked child ages out of Non-MAGI Medi-Cal (eligible through the month they turn 19), he or she will be eligible to move to the new MAGI Medi-Cal for individuals ages 19-64 if they continue to meet the income requirements.

**5) What will happen with the Non-MAGI population (65 + & disabled) who do not qualify for extra help because their income either exceeds the Medicare Savings Program limits? Will they be able to receive additional help? Will they still have an asset test?**

The aged and disabled population will be covered under Non-MAGI Medi-Cal and are subject to the asset test. This population is subject to a share a cost. The share of cost will be based on the individual's income and maintenance need level. This group may also choose to pay for private insurance to help with costs if they do not also qualify for a Medicare Savings Program. Individuals who are aged and disabled will not qualify for MAGI Medi-Cal as this new program is for adults age 19-64.

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### **The Future of HealthPAC**

**6) What is the future of the HealthPAC MCE, HCCI, and County programs after Health Care Reform and Medi-Cal expansion is implemented on January 1, 2014?**

The eligibility criteria, including income levels, for HealthPAC are still to be determined. In general HealthPAC has not covered people who are eligible for another program. HealthPAC MCE clients will be eligible for Medi-Cal, and HealthPAC HCCI clients will be eligible for a subsidized program through Covered California starting January 2014. Therefore, the three existing HealthPAC programs will be restructured to meet the needs of the remaining uninsured.

**7) How are patients in HealthPAC going to be informed they are now on Medi-cal or exchange?**

The State Department of Health Care Services is currently working on their communication strategy. The County has requested that the County also be permitted to send out information.

**8) Will one-e-app go away? Will CBOs get advanced notice (6wks at least) on trainings?**

HCSA is currently looking at options to simplify eligibility and enrollment. It is possible that One-e-App will go away; however it has not yet been determined. CBOs will get advanced notice of any upcoming changes. There are currently no changes planned.

### **Changes with Application Processes**

**9) Are there any changes to the frequency on proof of documentation required to maintain eligibility?**

Covered California is still working with DHCS to determine if documents and data matching should occur semi-annually or quarterly.

**10) Will currently enrolled Medi-Cal beneficiaries be automatically transferred to the new system (CalHEERS) or do they need to re-enroll?**

Currently enrolled Medi-Cal beneficiaries will not be automatically transferred to CalHEERS, as their case management remains with the County SSA. However, the County SAWS system (Statewide Automated Welfare System that does eligibility and enrollment into benefits for counties; it is called CalWIN in Alameda County) will interface with CalHEERS (estimated start date of January 1, 2014). At renewal

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time, beneficiaries' information will automatically be sent to CalHEERS for selection into an Exchange-based health plan, should they no longer qualify for Medi-Cal.

### **11) With an influx of newly eligible participants, how will this affect the Medi-Cal application? How long will this process be? In Alameda County, will each applicant be assigned a worker?**

SSA is currently discussing application formats and processes while we wait for Covered California to develop their single, streamlined application (which the newly eligible population, and the Exchange population can use to apply for health coverage). Details of the Medi-Cal application processes will be available as SSA receives more information from Covered CA and DHCS about Medi-Cal application procedures.

### **12) What's the best number to call if the worker doesn't respond to applicants calls?**

If clients need additional, personalized support they should call the Social Services Client Advocate at: (510) 383-2898. Clients may also call the Interactive Voice Response (IVR) number to receive automated information about their case at: 1 (888) 999-4772.

### **13) Are current Medi-Cal aid codes going to change?**

There will be additional aid codes for the new MAGI populations. Currently, there is no information about whether current aid codes will disappear or change.

## **CalHEERS**

### **14) What is this new technology called "CalHEERS"?**

The new technology is called CalHEERS, which stands for California Healthcare Eligibility, Enrollment and Retention System. CalHEERS is essentially the computer system behind the Exchange (aka Covered California). It is a computer program that allows prospective consumers to enter their personal and income data and receive information about plans they are eligible for and what they cost. It will also determine preliminary eligibility for Advanced Premium Tax Credits (APTC), MAGI Medi-Cal, and Non-MAGI Medi-Cal.

Covered California awarded Accenture the contract to develop the CalHEERS system.

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### **15) Who is managing the conversation with the CalHEERS development team?**

Covered California has provided money to counties to hire an individual to be the liaison between their conversations around the development of CalHEERS and how that program will interact with the counties and their SAWS systems (CalWIN in Alameda County). SSA leaders, with support from the California Welfare Directors Association (CWDA), are in constant communication with Covered California to make sure we are updated on its progress and how counties hope it will be developed.

### **16) Does or will the CalHEERS portal help to identify the eligibility of other benefits programs?**

CalHEERS will have one question that asks: Would anyone in the household like a referral to the local Health and Human Services Agency for any of the following programs: CalWORKS and/or CalFresh?

If a consumer selects that box, the information will be forward to an eligibility worker, who will follow up with the consumer regarding their eligibility.

## **Assister and Navigator Program**

### **17) What are the Assister and Navigator Programs?**

The Assister and Navigator Programs are programs where certain entities and their employees or volunteers can be trained, certified and registered with Covered California to help enroll individuals and families into health insurance on the Exchange.

Assister entities will be compensated by the Exchange for successfully enrolling and renewing individuals in Exchange health plans during the initial enrollment period from October 2013 through March 2014 (\$58/successful application and \$25/successful renewal). Compensation may also be available through The California Endowment for Medi-Cal applications and renewals. The State is currently deciding whether or not to take up this offer. Details To Be Determined.

Navigator entities will help the Exchange outreach to specific groups still uninsured after the initial enrollment period. These entities will be sustained through the Exchange's operating costs and will be paid through a block grant, rather than a fee-for-enrollment program.

Insurance agents and health providers can use the CalHEERS system. Insurance agents and hospitals will not be compensated through Covered California for any application assistance due to the monetary incentive to enroll individuals in certain plans. However, community clinics will be able to receive compensation for application assistance.

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### **18) What are the criteria for becoming an assister or navigator?**

Assisters and Navigator Individuals must apply through a trained, certified, registered Assister or Navigator Entity. The Entity must be trained, certified and registered with Covered California (see question 19, above) and must approve the individual's request.

Please see the California Benefits Exchange web-site for more details:  
<http://www.healthexchange.ca.gov/StakeHolders/Pages/Default.aspx>

### **19) Why should a CBO choose to be an assister or navigator? (i.e which role is more appropriate for what type of organization)?**

The assister program is designed for organizations that have the capacity to do one-on-one client work, as assisters will be helping individuals enroll in health insurance programs. The navigator program is focused on outreach.

Please see the California Benefits Exchange web-site for more details:  
<http://www.healthexchange.ca.gov/StakeHolders/Pages/Default.aspx>

### **20) It was noted that despite new access to healthcare, we will still have a large number of uninsured. With that in mind, will we redefine outreach to be more comprehensive and be more a marketing model?**

Covered California is actively engaging community partners in an Education and Outreach movement. Organizations and other entities have applied for grants through Covered California to help outreach to California's current uninsured population. The Navigator and Assister Programs will help support these efforts. Navigator Entities will be selected after Initial Enrollment, as they will focus on those populations that remain uninsured after Health Reform begins in January 2014. Covered California emphasizes selecting organizations that show commitment to providing services and outreach to certain hard-to-reach segments of California.

### **21) Will assisters be expected to inform patients of CalFRESH and other programs patient may be eligible for, if CalFresh is linked to Medi-Cal eligibility software? Or is the Social Services Agency responsible?**

Assisters will be expected to help clients select the referral option on the CalHEERS application (see question 17, above).

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### **22) What role are private providers (e.g. Kaiser) taking and will there be an impact on them?**

Private health plans, such as Kaiser, will be offering health insurance programs to populations on the Exchange. A customer can choose from a variety of qualified health plans available based on scope of coverage and cost.

Kaiser is currently informing members who purchased private health insurance through them of the changes the health reform law will take. See: <http://healthreform.kaiserpermanente.org/en/your-guide-to-reform> .

### **23) What are the new job opportunities with health reform? How does one apply? How soon?**

Entities can become Assister or Navigator entities and can generally speaking be compensated by Covered California for their work. One must apply through the Covered California website, with applications being released sometime in Spring 2013. Details on becoming an Assister or Navigator can be found on the California Benefits Exchange web-site:

<http://www.healthexchange.ca.gov/StakeHolders/Pages/Default.aspx>

### **24) What is the time listed for Assisters Help Desk listed in the PST?**

The time for the Assister's Help Desk is Monday-Friday 8am to 5pm, PST.

## **Scope of Services**

### **25) Will coverage in HealthPAC change at all to help cover more Substance Use Disorder (SUD) services?**

HealthPAC coverage currently mirrors Medi-Cal coverage. The scope of services for HealthPAC in 2014 is still to be determined, but will likely continue to mirror Medi-Cal.

### **26) How does the transition to a Medi-Cal Managed Care Plan under the Dual Eligible Demonstration impact in-patient and outpatient mental health services, including skilled nursing facilities?**

Alameda County residents with both Medicare and Medi-Cal will be transitioning to managed care plans (Anthem Blue Cross and Alameda Alliance for Health) in the fall of 2013 as part of a demonstration program to evaluate the impact of this change. The managed care plans will be responsible for the Medicare portion of client mental health and substance use benefits.

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Alameda County Behavioral Health Care Services (BHCS) will be responsible for the Medi-Cal specialty mental health and substance use disorder treatment benefits for these individuals. Anthem Blue Cross and Alameda Alliance for the Health have contracted with Beacon Health Strategies to help them manage the behavioral health benefits for their new dual eligible clients. BHCS is currently developing formal partnership agreements with Beacon and the health plans.

Part of this pilot program includes an effort to support the movement of individuals from more institutional settings such as skilled nursing facilities to less restrictive settings with appropriate long-term care supportive services. Providers of services to dual eligible individuals should anticipate potential changes to behavioral health service eligibility, covered services, and payment approaches for the dual eligible population in the next few years.

### **27) Do we assume behavioral health is included in all plans for physical health?**

State and federal laws require that health plans provide mental health and substance use benefits in a fashion similar to their coverage of other health services. The types and extent of services covered, copayments, and deductibles will vary among plans. As a result of parity legislation and the affordable care act, more people will have health coverage that includes mental health and substance use disorder services.

## **Dual Eligible and Medicare Beneficiary Questions**

### **28) Can you explain the Medi-Medi program?**

Medi-Medi is term used to describe an individual that is eligible for Medi-Cal and Medicare. They are also known as Dual Eligibles, and will be part of the Duals Demonstration Project under the Coordinated Care Initiative (part of the Affordable Care Act). Dual Eligible beneficiaries will move to a Managed Care Medi-Cal plan and will receive more coordinated care for all of their needs, including Long Term Services and Supports. For more information, please go to the Coordinated Care Initiative web-site:

<http://www.calduals.org/> .

### **29) Will those 65+ on Medicare only receive help with lowering their Share of Cost, health premiums and copays through the health reform law?**

There are currently Medi-Cal programs for the Aged, Blind and Disabled population that do not require them to pay a share cost. These programs do not go away in 2014. However, this may be a group that chooses to pay for private insurance.

There are also certain Medicare Savings Programs they may be eligible for. For more information see <http://www.medicare.gov/your-medicare-costs/help-paying-costs/medicare-savings-program/medicare-savings-programs.html>

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### **Other Questions**

#### **30) How will partnerships with county agencies work?**

SSA and HCSA are committed to working together, and with our community partners, as health care reform rolls out over the next few years. We hope to keep our CBO partners informed and updated on any changes to the services they provide our clients, as well as how they can help us prepare for any and all of the upcoming changes to our business processes. Both SSA and HCSA welcome feedback, suggestions and partnership. To contact us, email [healthreform@acgov.org](mailto:healthreform@acgov.org).

#### **31) What will happen to FamilyPACT?**

Currently, the State of California has not made any changes to the FamilyPACT program. More details will be available after the Governor's May Budget Revise and the passing of the completed budget by the California Legislature this summer.