

Transitioning Alameda County's Low Income Health Program (LIHP) Enrollees To the Statewide Medi-Cal Program and Covered California

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Introduction

Beginning November 1, 2010 and continuing through October 31, 2013, the Federal Government granted California a waiver to Section 1115 of the Social Security Act, which relates to Medicaid, or as we know it, Medi-Cal. This waiver authorized California's Bridge to Reform Demonstration and included federal funds which allowed the state to invest in its health delivery system in preparation for Health Care Reform. It was also designed to help control health care costs within the Medi-Cal program.

One of the main focuses of the Demonstration was the expansion of coverage to eligible low income adults through the Low Income Health Program (**LIHP**), an optional local program that was adopted in Alameda County beginning July 1, 2011 and ending December 31, 2013. The LIHP is managed by the Alameda County Health Care Services Agency (**HCSA**). Alameda County had enrolled almost 50,000 LIHP enrollees, a higher percentage of eligible enrollees than any other county in the State.

The LIHP is available to adults, 19-64 years of age, who are citizens or legal permanent residents for at least five years who are not eligible for Medi-Cal or covered by any other health plan or private insurance. There are two groups of enrollees in LIHP: Medicaid Coverage Expansion (**MCE**) and Health Care Coverage Initiative (**HCCI**). The MCE enrollees have incomes at or below 133% of the federal poverty level (**FPL**) and the HCCI enrollees have incomes between 133% and 200% of the FPL. MCE enrollees will be eligible for Medi-Cal on January 1, 2014; whereas the HCCI enrollees will primarily become eligible for the California Health Benefit Exchange or Covered California, a marketplace of high value health insurance options, with a small percentage who will be eligible for Medi-Cal.

In Alameda County, more than 42,000 individuals are enrolled in the LIHP-MCE and the transition to Medi-Cal is for this group of enrollees. In an effort to facilitate and streamline this transition, the Social Services Agency (**SSA**) and HCSA are working together to ensure that the process is seamless and that current LIHP-MCE enrollees receive continuity of care until a determination of their eligibility is completed by SSA.

Transition Process for the LIHP Population

Currently, LIHP data is maintained in One-E-App (**OEA**), the web-based eligibility and enrollment system used by HCSA. The primary eligibility and enrollment system used by SSA is the California Welfare Information Network (**CalWIN**). The statewide system of record for Medi-Cal is the Medi-Cal Eligibility Data System (**MEDS**). HCSA is transferring all LIHP eligibility information into MEDS.

MCE Enrollees

On January 1, 2014, all MCE enrollees that are in MEDS will transition to Medi-Cal. They will get a temporary aid code of L1. When a client needs to be renewed, SSA will do the client's Medi-Cal eligibility determination. All MCE clients will be sent communication about the transition including a letter notifying them about the end of the program and providing information about how to choose a Medi-Cal managed care plan. If a client does not choose a plan, they will be automatically assigned to one of the two Medi-Cal managed care plans in Alameda County, Alameda Alliance for Health, or Anthem Blue Cross.

HCCI

HCCI enrollees will not be automatically transitioned to another program; however, both Covered California and their current medical homes will be reaching out to individuals to encourage them to sign up for health insurance. Some of the enrollees may be eligible for Medi-Cal (up to 138% FPL) but most enrollees will be eligible for subsidized health insurance through Covered California.

Redetermination Waiver

The Department of Health Care Services (**DHCS**) was issued a waiver from the Center for Medicaid and Medicare Services (**CMS**) that allows HCSA to delay regularly scheduled redeterminations due between October 2013 and December 2013 for LIHP-MCE enrollees. Alameda County has chosen this option. As a result, enrollees who would have had a redetermination during these months and who transition to Medi-Cal will retain their eligibility for one year from their current redetermination date. Their ongoing eligibility will be determined at the 2014 redetermination date.

Transition Process for SSA

Beginning January 1, 2014, SSA will be responsible for case management and ongoing eligibility activities for all newly transitioned LIHP-MCE enrollees.

However, Federal regulations require that redeterminations for enrollees that would be due in January, February and March 2014, be delayed until April 2014. The LIHP-MCE enrollees will have full-scope Medi-Cal without a review of eligibility by SSA, until their scheduled redetermination is completed.

SSA will review eligibility at the enrollee's scheduled LIHP redetermination date and the information will be updated in CalWIN and MEDS. The eligibility code will be changed from the Medi-Cal transition code of L1 to the appropriate Medi-Cal code based on the result of the review.

The anticipated increase in the number of redeterminations processed by an Intake Eligibility Technician (ET) will be mitigated by the fact that many of the new MCE enrollees are already known to SSA and may in fact, already have an active CalFresh and General Assistance (GA) case. In these instances where there is an ET assigned to the case, SSA is working diligently to ensure that the transition for the enrollee will be uncomplicated and seamless.