

Health Care Reform: Implications and Opportunities for Counties

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Presentation to Alameda County Board of Supervisors Health Committee

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Overview of Presentation

- **Introduction to CWDA**
- **Eligibility Operations and Partnership Today**
- **Current Status of Implementation**
- **What Do We Know?**
- **Goals and Opportunities**
- **Looking Forward**
- **Next Steps: What Can Counties Do?**

County Eligibility Operations Today

- **Integrated initial & ongoing eligibility**
- **Multiple pathways into coverage**
- **Trained eligibility staff in county offices**
 - Outstationed workers in clinics, hospitals
- **Experience with changes, increased demand**
 - CalWORKs Welfare to Work Implementation
 - Millions of new cases added during recession
- **Modernized computer systems support efforts**

County Partnerships Today

- **Partnerships with many assisters**
- **Maintain & grow these partnerships**
 - A network of assisters will be needed
 - Coordination between navigators, county eligibility
- **Also partner with:**
 - State staff at DHCS, DSS
 - Health Benefit Exchange
 - Legislature
 - Other stakeholders (labor, client advocates, etc.)

Current Status of Implementation

- **2010: State law created Health Benefit Exchange (HBEx)**
 - HBEx has been meeting; so far, focused on IT
 - Now turning to question of operations structure
- **DHCS starting stakeholder work re: future of Medi-Cal**
 - What happens to complex underlying program rules?
 - Can we build on ACA's culture of coverage to simplify?
- **County LIHP programs offering early expansion**
 - LIHP offers opportunity for pre-enrollment of a significant portion of likely ACA-eligible adults
- **Build on what we learn with LIHP to think about pre-enrollment of other groups (i.e., CalFresh recipients)**

What Do We Know?

- **Statewide, by 2019, estimated increase of:**
 - 1.6 million Medicaid (under 138% FPL)
 - 2.4 million subsidized coverage (138-400% FPL)
- **Significant movement between programs over time & mixture of coverage within families**
 - Nationally, 38% of children will be in mixed cases
 - Over 2 years, 51% of adults will change programs

Goals and Opportunities

- **Counties want health care reform to be a success**
 - Work together to pre-enroll as many as possible
 - Offer excellent service to all customers
 - Ensure there is a “no wrong door” structure
- **Take advantage of ACA to drive simplifications across health and human services programs**
 - Welcome elimination of assets test for MAGI Medi-Cal
 - Also can reduce complexity in the non-MAGI programs
- **Take advantage of modernized technology to help manage workload and provide services**

Looking Forward: The Big Picture

- **Build on what we have learned from experience**
 - Identify needed changes in laws and rules
 - Undertake joint change management efforts
 - Partner with Exchange, DHCS, Navigators & Brokers to create the no wrong door experience
- **Create seamless, universal coverage**
- **Provide integrated services across a range of individual and family needs**

Next Steps: What Counties Can Do

- **Develop outreach efforts**
 - Ogilvy just received HBEx contract for outreach
 - May re-brand health programs (i.e., “CalHealth”)
- **Continue to build partnerships**
 - Cannot start early enough developing new relationships and improving existing ones
- **Continue efforts to enroll all currently eligible**
 - Look ahead to pre-enrollment starting mid-2013
 - **As much early enrollment as possible = good!**

Questions?

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