

# Health Care Reform: Implications and Opportunities for Counties

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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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