



Alameda County
Health Care Services Agency

**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

After January 1, 2014

- Medi-Cal (poor and: “linkage” = pregnant, parenting, disabled, or over 65) + asset test  Non-MAGI* Medi-Cal, 0-138% FPL with linkage + asset test
- HealthPAC Medi-Cal Coverage Expansion (MCE) “no linkage”  MAGI* Medi-Cal 0-138%FPL, citizen/LPR
- HealthPAC Health Care Coverage Initiative (HCCI) “no linkage”  Exchange 138-200% FPL, citizen/LPR
- HealthPAC County (not eligible for MCE or HCCI and are between 0 and 200% of FPL)  County Program Eligibility TBD

*MAGI = Modified Adjusted Gross Income

PREPARING FOR 2014 CONT

- 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

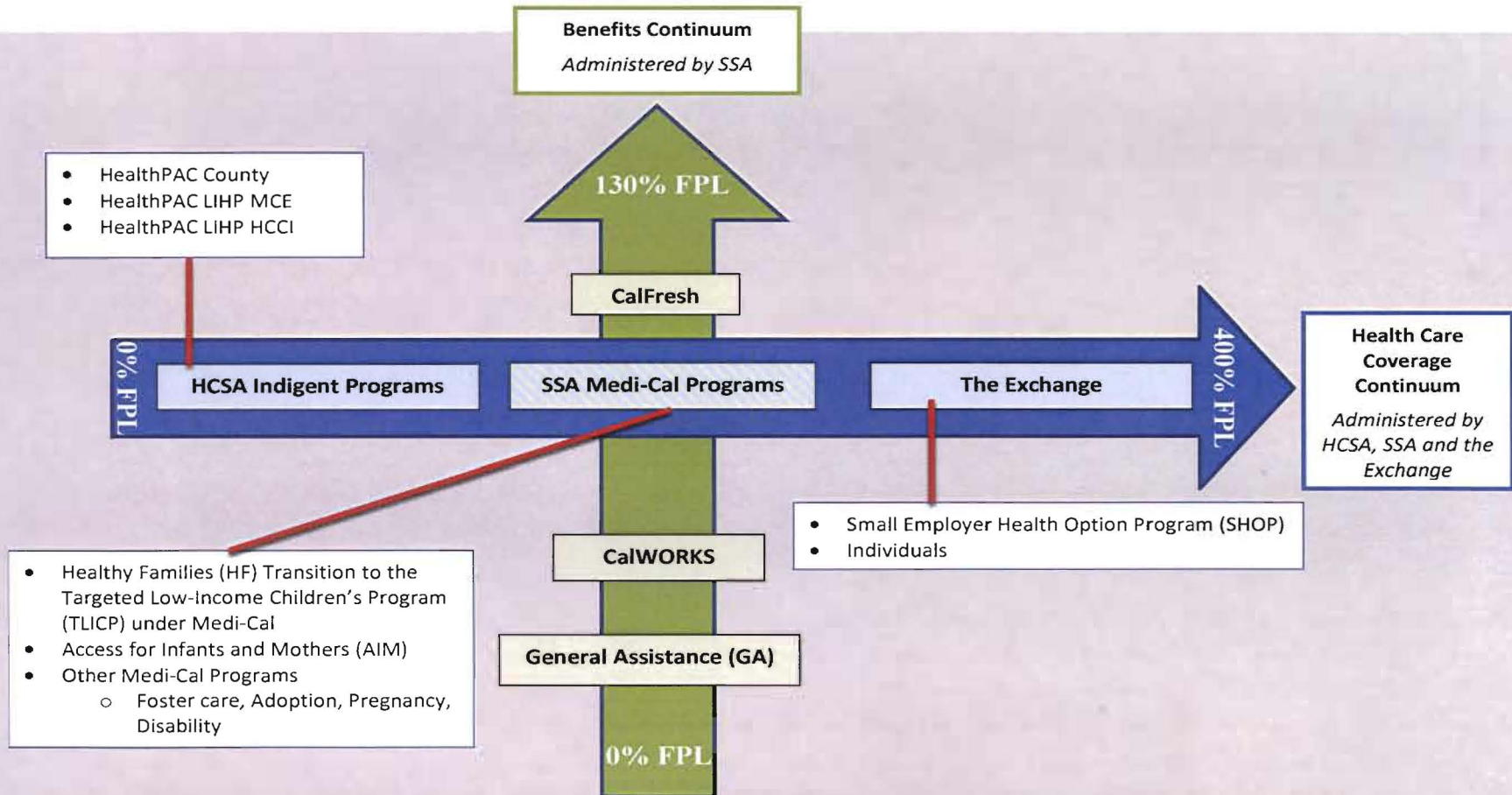
CURRENT STATUS: MAPPING EXERCISE

- Collaboration between SSA and HCSA
- Map current system (One-e-App, Health-e-App, CalWiN, Benefits CalWIN, and Paper Applications)
- 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

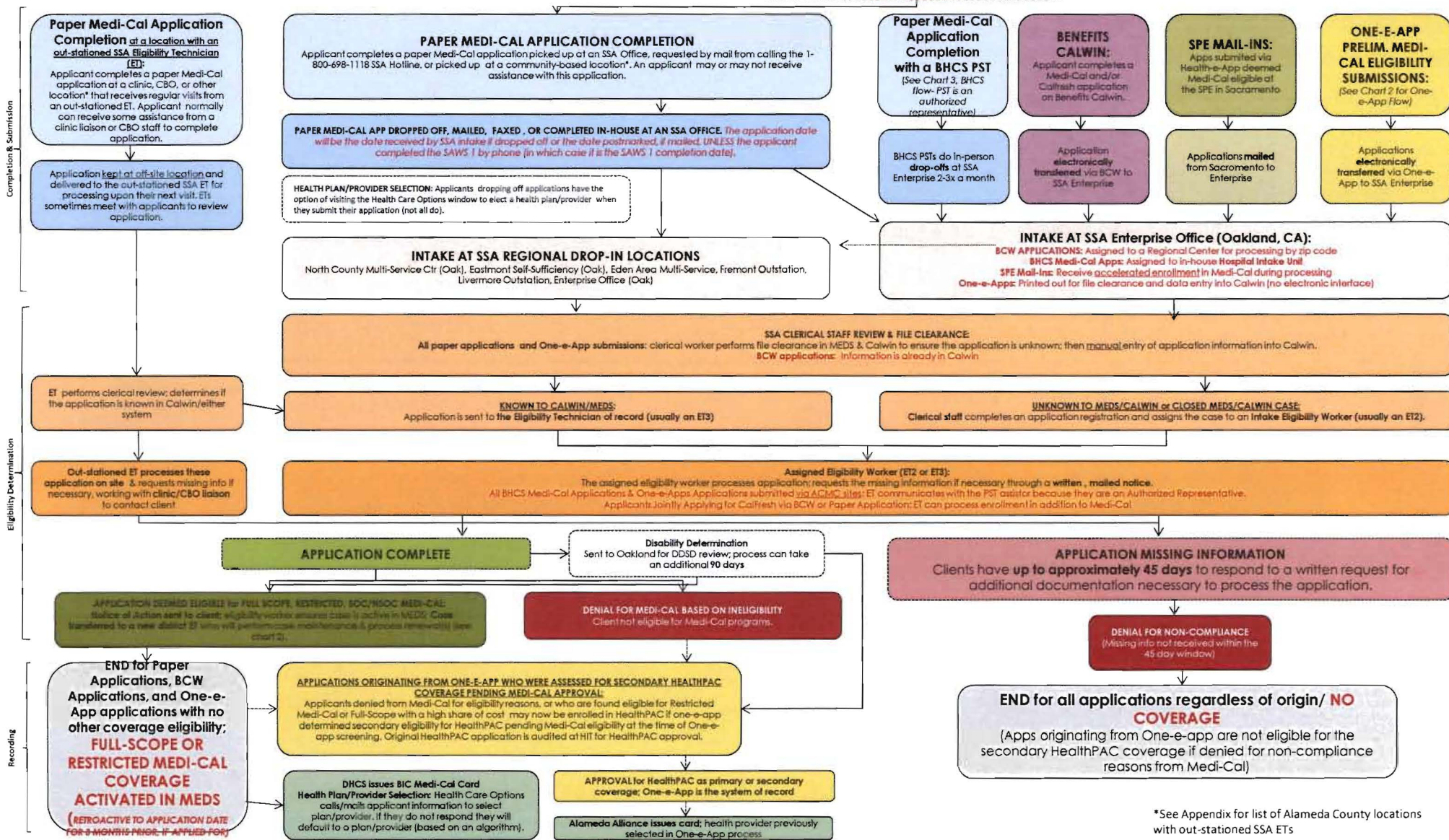
ENROLLMENT PORTALS



Medi-Cal Eligibility & Enrollment: Application Portals & Eligibility Determination

(Optional) SAWS 1 Completion by Phone:
An applicant may complete a SAWS 1 by phone with SSA; receives appointment to come in and complete the rest of the application. The Medi-Cal application date is retroactive to SAWS 1 completion.

CHART 1

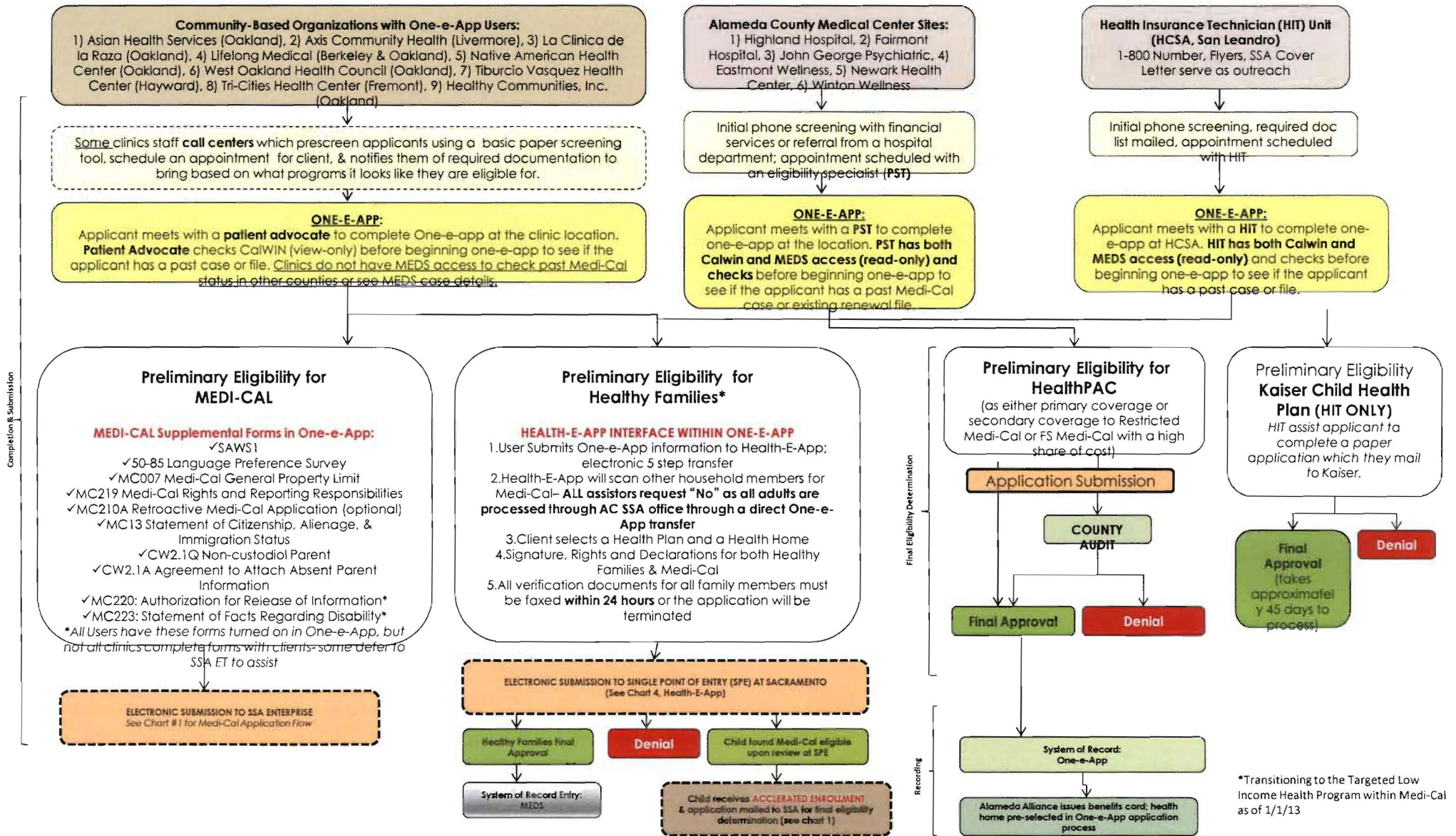


*See Appendix for list of Alameda County locations with out-stationed SSA ETs

One-E-App Portals & Eligibility Determination: Medi-Cal, Healthy Families*, HealthPAC, and Kaiser CHP

One-e-App "Users"

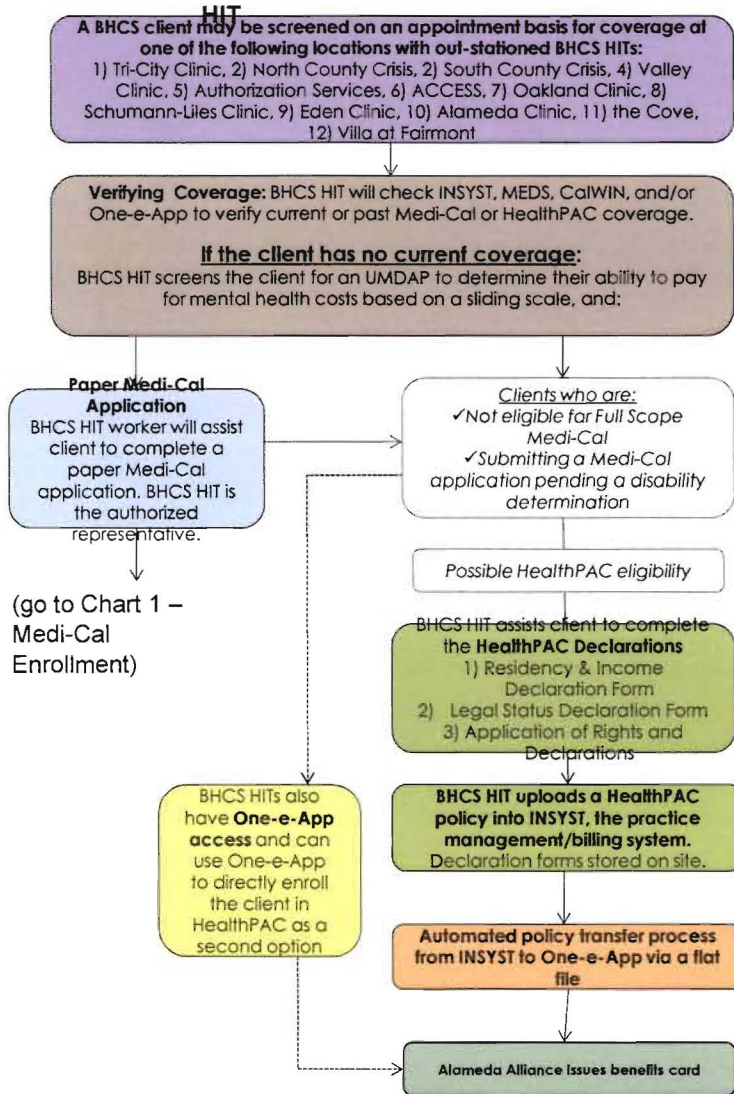
CHART 2



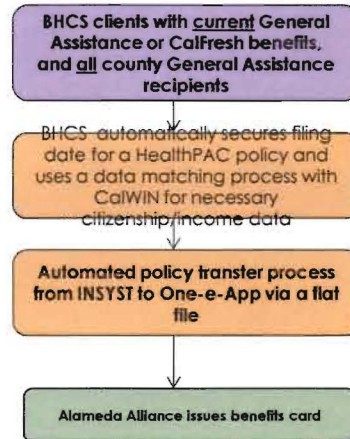
Alameda County Behavioral Health Care Services: Eligibility Determination & Enrollment Processes for Medi-Cal & HealthPAC

CHART
3

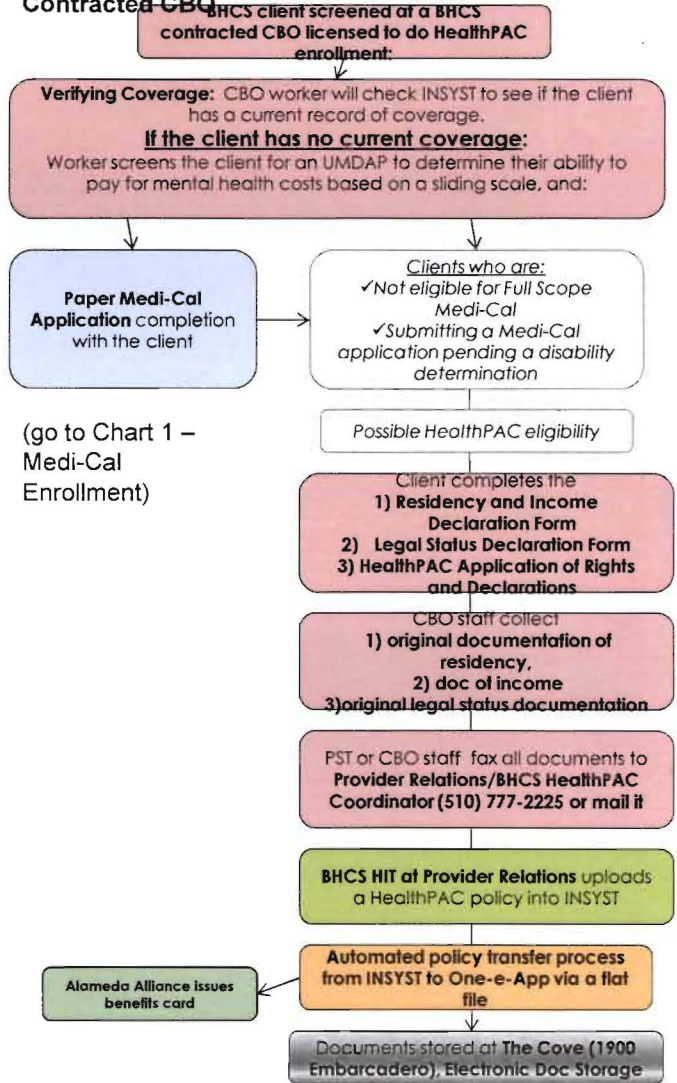
Process 1: Screening with a BHCS HIT



Process #2: Automated Enrollment Process

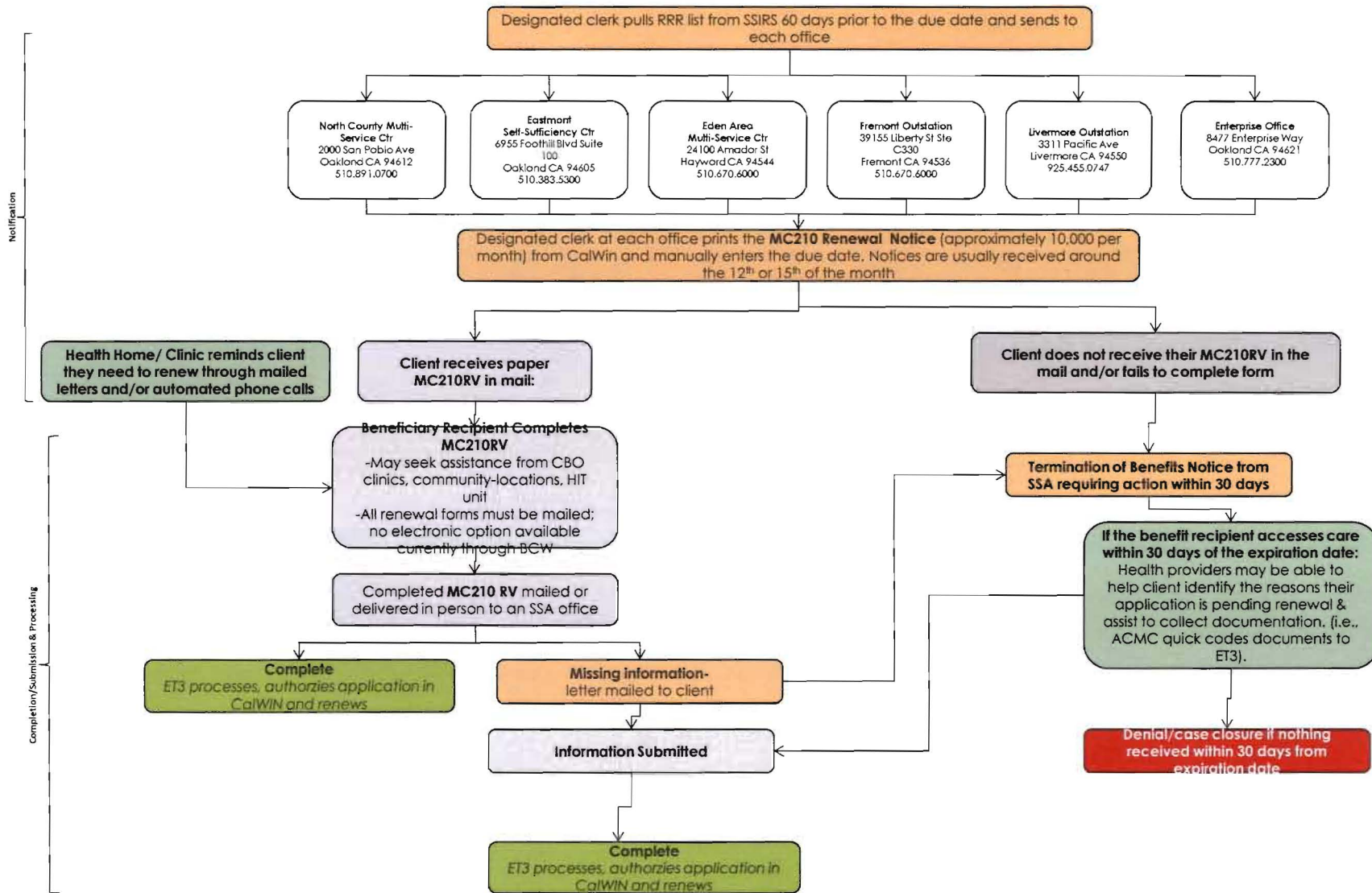


Process #3: Screening/Enrollment at a BHCS Contracted CBO

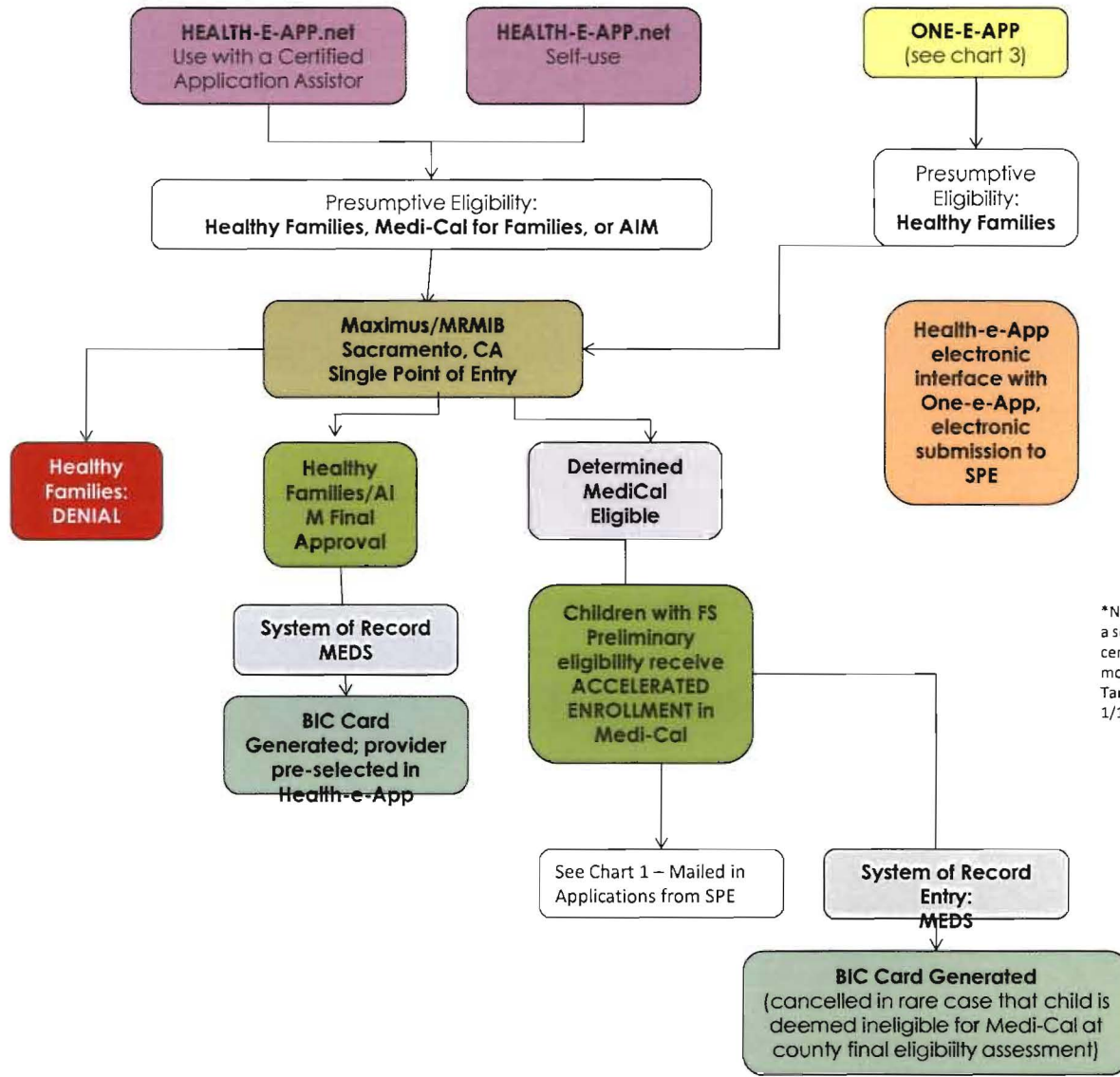


Annual Medi-Cal Renewals through Calwin

CHART 4



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.

SCENARIO 5

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