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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