
***Medi-Cal for All Children – Status Update
Stakeholder Advisory Committee Meeting
February 2016***

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SB 75 Overview

- Senate Bill (SB) 75, makes available full-scope Medi-Cal benefits for individuals under age 19, who do not meet satisfactory immigration status, but meet all other eligibility requirements for the Medi-Cal program.
 - Eligible individuals will be mandatorily enrolled into managed care, based on their county of residence; and
 - Provisions would be implemented no sooner than May 1, 2016.
- Target population:
 - **New enrollee population:** Meets all eligibility requirements for this initiative but are not yet enrolled in the Medi-Cal program; they will go through the regular Medi-Cal application process
 - **Transition population:** Individuals under age 19, who are currently enrolled in restricted scope Medi-Cal; the transition process will be transparent to these and no new application or action on their part will be required.



SB 75 Eligibility and Enrollment Plan

- DHCS has collaborated with stakeholders, counties, Medi-Cal managed care plans, and consumer advocates to develop the Eligibility and Enrollment Plan for the transition population.
- The Eligibility and Enrollment Plan provides an overview of how the impacted SB 75 beneficiary population will be identified; when they will receive notice; when their eligibility will change; and how they will enroll into managed care.



Notices for Transition Population

All notices will be translated into the applicable Medi-Cal threshold languages

- **First Notice**: General beneficiary outreach letter with information about the new coverage option, including covered benefits and managed care enrollment.
- **Second Notice**: Formal Notice of Action informing the beneficiary of their change in benefits from restricted scope Medi-Cal to full scope Medi-Cal coverage and their hearing rights.

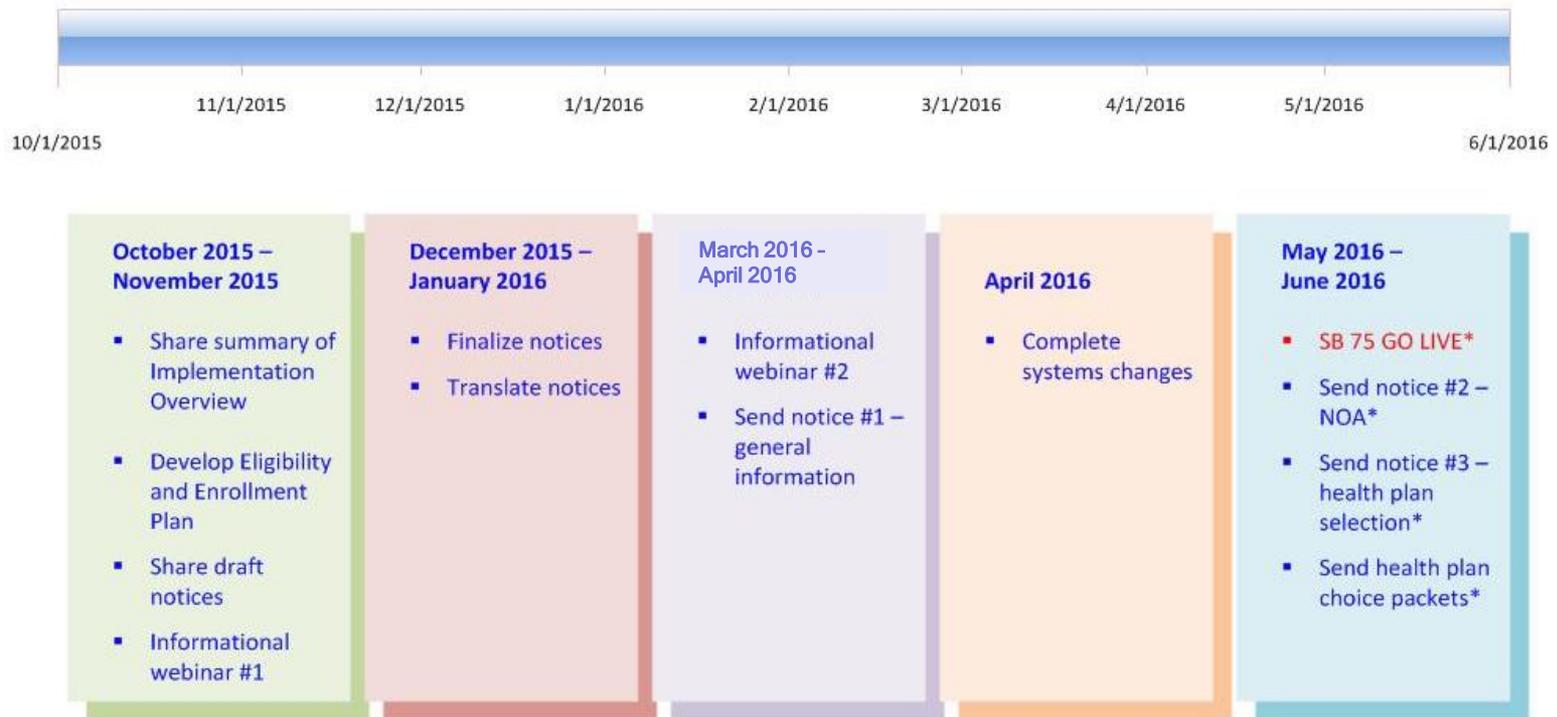


Notices for Transition Population (con't)

- **Third Notice**: Provides health plan enrollment information. Separate notices for County Organized Health System (COHS) counties and non-COHS counties.
 - Beneficiaries in COHS counties will receive a notice identifying the county's one Medi-Cal managed care health plan and the plan enrollment date.
 - Beneficiaries in non-COHS counties will receive a notice which explains Medi-Cal managed care health plans, choosing a health plan, enrolling, selecting a provider, and the Health Care Options choice packet. Beneficiaries living in Los Angeles and Sacramento counties will receive specific information regarding dental options.
- **Health Care Options Choice Packet**: Choice packet includes Medi-Cal managed care health plan information, plan provider directories, Medi-Cal choice form, Medical Exemption Request forms and instructions.
(Choice packets will be mailed to beneficiaries living in non-COHS counties only.)



Timeline of Key Milestones



* The activity is dependent upon completion of systems updates and notification to the Department of Finance (DOF) of systems readiness.



Systems Readiness

- DHCS has submitted a change request for the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) to implement the system functionality necessary to determine eligibility for the affected population.
 - Implementation of the Change Request is slated for Release 16.4, May 16, 2016
- DHCS is also working with California's Statewide Automated Welfare System (SAWS), County Welfare Directors Association, and Office of Systems Integration to finalize system functionality changes for the county systems to implement the new coverage option, including the processes by which individuals will transition from restricted-scope to full-scope Medi-Cal coverage.



Transition Processes

Counties will undertake needed steps to initiate the transition process once systems are determined ready, which will occur no sooner than May 1, 2016, including:

- Identification of individuals enrolled in restricted-scope, Modified Adjusted Gross Income (MAGI) aid codes and process needed transition steps to full-scope Medi-Cal through CalHEERS.
- Identification of individuals enrolled in restricted-scope, Non-MAGI aid codes and process needed transition steps to full-scope Medi-Cal through SAWS.
- Generate and send the second notice (Notice of Action) notifying the beneficiary of increase in benefits from restricted- to full-scope coverage.



Transition Processes (con't)

Managed Care Enrollment will mirror the existing process for new applicants:

- Beneficiaries will initially be enrolled in Fee-For-Service.
- COHS counties: Managed care enrollment will begin the first of the month following the transition.
- Non-COHS counties: Beneficiaries have 60 days to choose a plan. If no active choice is made, they will be enrolled into a Medi-Cal managed care health plan on the first of the month following the 60-day choice period.



Transition Processes (con't)

Fee-For-Service Enrollment:

- Enrollment into a Medi-Cal managed care health plan will be voluntary for Individuals turning 19 within six months of the transition date and who live in non-COHS counties. These individuals will receive Fee-For-Service full scope Medi-Cal.
- Individuals who live in non-COHS counties and have a share of cost or other health coverage will not be eligible to enroll in a Medi-Cal managed care health plan. These Individuals will receive Fee-For-Service full scope Medi-Cal.



Affected Populations

- DHCS estimates there are 170,000 undocumented children under the age of 19 who are currently uninsured or in restricted scope Medi-Cal, of which 114,981 are currently enrolled in restricted-scope Medi-Cal. The 170,000 does not include children enrolled in other programs.
- Of the remaining 55,019 undocumented children under the age of 19, who are currently eligible but not enrolled, DHCS estimates 50 percent will take up coverage over a 12-month period once the program is operational.

(Data Source: CA Department of Health Care Services, November 2015 Medi-Cal Estimate)



Provider and Health Plan Updates

- Provider bulletin will be posted prior to transition as a reminder to providers of the upcoming implementation of SB 75 and contact information for questions. This bulletin is available to fee-for-service and Medi-Cal managed care health plan providers.
- DHCS updates the Medi-Cal managed care health plans through conference calls, webinars, and Managed Care Plan Information Letters. SB 75 materials are shared with the Medi-Cal managed care health plans.



Stakeholder Engagement

- SB 75 updates are provided bi-weekly during the Immigration subgroup of the Assembly Bill 1296 Workgroup. This work group includes DHCS staff, legislative staff, consumer advocates, counties, community based organizations, and local health program providers, such as:
 - Los Angeles County Department of Public Social Services
 - LA Care
 - Santa Cruz County Healthy Kids Program
 - California Coverage Health Initiative
 - California Endowment
 - Western Center on Law and Poverty
 - National Health Law Program
 - National Immigration Law Center



Stakeholder Engagement (cont.)

- Meetings with Medi-Cal Children’s Health Advisory Panel, California Coverage Health Initiative, Covering Kids & Families, and The California Endowment discuss outreach, messaging and systems readiness.
 - DHCS supports the messaging that families should enroll their children now in restricted scope Medi-Cal to ensure these children are part of the transition population
- Ongoing conference calls and meetings with:
 - County Welfare Directors Association of California (CWDA).
 - Managed Care Plans Operation weekly meeting.
 - Medi-Cal Dental Advisory Committee quarterly meeting.
 - Dental Los Angeles stakeholders bi-monthly meeting.



Stakeholder Engagement (cont.)

- For information on the workgroup or to submit questions/concerns regarding SB 75, send email to:
SB75EligibilityandEnrollment@dhcs.ca.gov
- DHCS Webpage dedicated to SB 75 Eligibility and Enrollment publications and public information:
www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/SB-75.aspx.
- SB 75 FAQs available on the webpage in February 2016.





Questions?

