

WORKSHEET: HCCI AS THE BRIDGE TO HEALTH REFORM

March 29, 2010

Scenario #1: Medi-Cal Expansion Begins April 2010

- States can access FMAP for the Medicaid expansion population beginning April 2010
- Assume the ARRA enhanced match is available through June 30, 2011
- Assume the federal dollars for the expansion population will not be limited under budget neutrality

HCCI Financing

- How would an early expansion be financed?
- Would CPEs or IGTs be used for the non-federal share?
- What are some other ideas for how the HCCI waiver funds could be used? In the new waiver, what else should the state ask for (e.g., federal funding for outreach, development of eligibility systems)?

Eligibility & Enrollment

- How would counties identify potential new enrollees to expand enrollment significantly?
- What would the outreach process look like?
- How would the eligibility and enrollment process need to change due to the additional volume?
- Most HCCI programs limit income to 200% FPL. How would the Medi-Cal expansion to 133% FPL change this (e.g., should counties focus solely on the expansion population to maximize enrollment)?

Role of Health Plans

- Should the newly enrolled HCCI Medi-Cal beneficiaries be enrolled in managed care?

Provider Networks

- What would local delivery systems need to look like to accommodate the needs of Medi-Cal expansion population?
- How quickly could any changes be put in place?

WORKSHEET: HCCI AS THE BRIDGE TO HEALTH REFORM March 29, 2010

Scenario #2: Medi-Cal Expansion Occurs January 2014

- Medicaid eligibility expands to 133% FPL for all non-elderly individuals
- States receive significant federal support to cover new populations (e.g., 100% FMAP in 2014)
- Assume early adoption of expansion under HCCI

HCCI Structure and Financing

- What would HCCI look like once Medi-Cal eligibility is expanded statewide and individuals above 133% FPL move into the Exchange?
- If HCCI continues, how would the non-federal share be financed by the counties? Would CPEs or IGTs be used?
- In the new waiver, what should the state ask for to help counties get ready to implement the Medi-Cal expansion (e.g., federal funding for outreach, development of eligibility systems)?

Eligibility & Enrollment

- How would the eligibility and enrollment process need to begin to change to allow for a smooth transition of HCCI enrollees into Medi-Cal or the Exchange?

Provider Networks

- What would local delivery systems need to look like to accommodate the needs of Medi-Cal expansion population?
- How should counties begin to develop the new delivery models necessary to support the Medi-Cal expansion? How could the waiver support delivery system reform?
- How quickly could any changes be put in place?

Comment [CD1]: I'm not sure this is a question for HCCI since I assume the new Medi-Cal benes will be put into managed care based on the state's overall approach to managed care. Should we delete it? If not, what's the right context to give workgroup members?

Deleted: Role of Health Plans¶
<#>Since HCCI enrollees would become Medi-Cal beneficiaries, would they be enrolled in the Medi-Cal managed care plans?¶
¶