Full Scope Medi-Cal for All Children

Implementation Overview

October 13, 2015

Senate Bill 75, Section 35
Senate Bill 4, Section 1
Welfare and Institutions Code 14007.8

Introduction

Pursuant to Senate Bill (SB) 75 (Chapter 18, Statutes of 2015), Section 14007.8 was added to the Welfare and Institutions Code and amended by SB 4 (Chapter 709, Statutes of 2015) to provide individuals under age 19 and who do not have satisfactory immigration status or are unable to establish satisfactory immigration status with full scope Medi-Cal benefits. The provisions would be implemented no sooner than May 1, 2016, upon the Department of Health Care Services' (DHCS') Director's written communication to the Department of Finance of systems readiness to enroll such individuals into full scope Medi-Cal coverage pursuant to Welfare and Institutions Code section 14007.8(a).

DHCS intends to work collaboratively with all program areas internally, and externally with interested stakeholders, including but not limited to counties, Medi-Cal managed care health plans, consumer advocates, the Legislature, and federal partners on implementation efforts set forth in this document. The goal is to ensure individuals impacted by this Senate Bill are properly notified of their eligibility for, and enrollment into, full scope Medi-Cal via managed care plans in counties where available.

Impacted Individuals

For purposes of this Implementation Overview, DHCS recognizes SB 75 affects two populations of children:

- *Transition population* - individuals under age 19 who are currently enrolled into restricted scope Medi-Cal with unsatisfactory immigration status; and,

- *New enrollee population* - individuals under age 19 who are eligible for Medi-Cal and have unsatisfactory immigration status not yet enrolled.

DHCS will implement the transition of individuals from restricted scope to full scope Medi-Cal at the same time systems are programmed to accept the new enrollees into full scope Medi-Cal coverage which is no sooner than May 1, 2016.

Transition Population

For the transition population, DHCS estimates there are approximately 120,000 individuals under age 19 enrolled in restricted scope Medi-Cal aid codes based on

August 2015[1] data. DHCS will continue to monitor the enrollment data monthly up to the transition and post transition to ensure individuals are moved to full scope Medi-Cal aid codes. DHCS has drafted an aid code cross walk of the restricted scope aid codes individuals are enrolled in currently and the full scope Medi-Cal aid codes the individuals will be transitioned into upon implementation.

DHCS intends to send three notices and the standard health plan choice packet to the population transitioning from restricted to full scope coverage.

- ***First Notice*** - Approximately 60 days prior to the anticipated implementation date, the transition population will receive a notice with information on the SB 75 provisions and general information on benefits including mandatory enrollment into Medi-Cal Managed Care Plans. The notice will also include frequently asked questions and contact information for additional assistance. This notice will be provided in English and Spanish with tag lines for other threshold languages.

- ***Second Notice*** - The transition population will also receive a notice of action letter indicating their change in benefits from restricted to full scope Medi-Cal coverage and their hearing rights. This notice will be translated in all threshold languages. The timing for sending the Notice of Action to children in the transition population will be dependent on the systems readiness notification made to the Department of Finance pursuant to Welfare and Institutions Code section 14007.8(a).

- ***Third Notice*** – This notice will focus on health plan enrollment information and will be mailed in all threshold languages. Upon request, the notice can also be sent in alternative formats.

- ***Health Plan Choice Packet*** - Approximately 10-15 days after the third notice is sent, health plan choice packets will be sent to beneficiaries advising them to choose their plans and providers. Until the beneficiaries select a plan and begin their Medi-Cal coverage through a health plan, beneficiaries will continue to receive full scope Medi-Cal services through their fee-for-service providers as they did while under restricted scope coverage. If a beneficiary does not choose by a specified plan enrollment date, DHCS will auto assign him/her to a Medi-Cal Managed Care Plan. The choice packets will be mailed in all threshold languages and upon request, the packets can be sent in alternative formats.

[1] Per MEDS data, August 2015 coverage month.

New Enrollee Population

The new enrollee population is children under age 19 who are eligible for Medi-Cal and have unsatisfactory immigration status but not yet enrolled into Medi-Cal. Instead of Medi-Cal, they may be enrolled in other health programs in their county of residence. DHCS intends to work collaboratively with the various philanthropic foundations and entities that administer local and/or county based programs to assist with messaging and outreach options for enrolling these children into Medi-Cal. Once they are enrolled into full scope Medi-Cal, they will be similarly treated as any other new enrollee into full scope Medi-Cal.

Systems Readiness

DHCS and business partners are working to ensure eligibility systems readiness for implementing SB 75. For purposes of enrolling new children through the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS), DHCS has initiated a system change request[2] to create the system functionalities to determine full scope Medi-Cal eligibility for individuals under age 19 with unsatisfactory immigration status. In addition, DHCS will be working closely with the counties to ensure aid code transfers from restricted to full scope coverage are consistent in the Medi-Cal Eligibility Data System (MEDS) and the California's Statewide Automated Welfare Systems (SAWS). Lastly, DHCS is reviewing claiming methodologies and processes for potential updates/requirements needed to comply with the provisions in SB 75. The initial goal is to complete all systems update and operationalize for implementation no sooner than May 1, 2016.

Stakeholder Engagements

DHCS is utilizing existing stakeholder engagement forums to discuss and provide updates on implementation efforts pertaining to SB 75, including but not limited to:

- Bi-weekly Immigration Subgroup of the Assembly Bill 1296 Workgroup with Consumer advocates which will also include organizations such as the Healthy Kids Program, Kaiser Child Health Plan, and California Kids Program;
- Monthly County Welfare Directors Association of California (CWDA) meetings;
- Weekly Managed Care Operations Plan conference calls;

[2] CalHEERS Change Request #52030

- Quarterly Medi-Cal Dental Advisory Committee meetings;
- Bi-monthly dental Los Angeles stakeholder meetings; and,
- Meetings with the provider associations.

In October 2015, DHCS anticipates engaging in discussions with stakeholders regarding the following:

- Development of an Eligibility and Enrollment Plan and timeline;
- Current number of enrollees in restricted scope aid codes;
- Aid code crosswalk;
- Draft notices and solicit feedback;
- Outreach efforts to individuals eligible and not yet enrolled into Medi-Cal; and,
- Guidance needed from the DHCS to implement provisions in SB 75.

In addition to the existing stakeholder engagement forums, DHCS will also conduct the following for purposes of implementing SB 75:

- Webinar in November 2015 for all stakeholders including health plans and providers, in which DHCS will provide an overview of SB 75 and implementation efforts.

- Webinar in February 2016 for all stakeholders including health plans and providers, in which DHCS will provide an update on implementation efforts.

- Post a provider bulletin 60 days prior to the transition as a reminder to providers of the upcoming implementation of SB 75 and contact information for questions.

- Establish a designated email address for external partners to submit questions to DHCS. DHCS will monitor and respond to the inquiries as appropriate and use them to develop frequently asked questions (FAQs) to be posted on the DHCS website and incorporated into the notices to beneficiaries.

- Develop a designated DHCS webpage to host information on SB 75 including draft notices, final notices, FAQs, recorded webinars, post transition reports, and contacts for inquiries specific to SB 75.

Reporting

Effective January 31, 2016, DHCS will submit monthly implementation status reports to the Legislature until the Director of Health Care Services provides the determination of system readiness to the Department of Finance pursuant to Welfare and Institutions Code section 14007.8(a)(2)(C). After the implementation of SB 75, DHCS will submit semiannual reports to the Legislature until regulations have been adopted pursuant to Welfare and Institutions Code section 14007.8(f)(2). The reports will also be shared with stakeholders.

Regulations

In accordance with the provisions of SB 75, DHCS will develop a non-emergency regulation packet, which will go through normal regulation processes including sharing with stakeholders for review.

Key Milestones

The key milestones below are contingent upon completion of systems updates to implement full scope Medi-Cal coverage for all children starting May 1, 2016. DHCS will provide updates through regular stakeholder forums and will share revisions to the milestones and implementation efforts as applicable.

- *October 2015* – Share summary of implementation overview through existing stakeholder forums, which will set the framework for developing the Eligibility and Enrollment Plan.

- *November 2015* – Informational webinar #1 to provide overview of implementation efforts, next steps and share draft notices.

- *December 2015* – Finalize notices.

- *January 2016* – Translate notices.

- *February 2016* – Informational webinar #2 to share status on SB 75.

- *March 2016* – Send first notice – general information on SB 75 to the transition population.

- *Spring 2016* – Complete systems changes and notify Department of Finance pursuant to Welfare and Institutions Code section 14007.8(a) and all stakeholders with confirmation of the implementation date. The timing for sending the second notice - Notice of Action to children to the transition population - will be dependent on the systems readiness notification made to the Department of Finance pursuant to Welfare and Institutions Code section 14007.8(a).

- *No sooner than May 1, 2016* – Begin enrolling new enrollees into full scope Medi-Cal coverage and transition children from restricted to full scope Medi-Cal aid codes. Send third notice and choice packets for enrolling in health plan.

- *January 2017* – Submit first semiannual report to the Legislature.