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# **SB 75 Provider Engagement Meeting**

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## SB 75 Overview

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- Senate Bill (SB) 75, provides DHCS with the authority to make 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.
  - Provisions would be implemented no sooner than May 1, 2016



# Targeted Populations

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- **New enrollee population:** Individuals under the age 19 who are eligible for Medi-Cal but do not have a satisfactory immigration status, and are not yet enrolled in the Medi-Cal program.
  - This population will need to go through the regular Medi-Cal application process for enrollment.
- **Transition population:** Individuals under age 19 who are currently enrolled in restricted scope Medi-Cal.
  - The transition process will be transparent to these individuals; no action will be needed by the beneficiary



# SB 75 Eligibility and Enrollment Plan

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- DHCS is collaborating 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

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

- **First Notice**: Beneficiary outreach letter with information about the new coverage option including covered benefits and managed care enrollment.
- **Second Notice**: 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.
- **Third Notice**: Provides health plan enrollment information.
- **Health Plan Choice Packet**: Choice packet advising beneficiaries to choose their plans and providers.



# 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

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Working with business partners on system changes:

- In order to update the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS), DHCS has submitted a change request to implement the system functionality necessary to determine eligibility for the affected population.
- DHCS is also working with 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

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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 via CalHEERS.
- Identification of individuals enrolled in restricted-scope, Non-MAGI aid codes and process needed transition steps to full-scope Medi-Cal via SAWS.
- Generate and send the second notice (Notice of Action).

## Managed Care Enrollment:

- Fee for service during month of transition and possibly the following month.
- Managed care COHS enrollment anticipated for the month of June and onward.
- Managed care Non-COHS enrollment anticipated for the month of July and onward.





# Affected Populations

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- DHCS estimates there are 170,000 undocumented children under the age of 19 who are eligible for Medi-Cal; of which, 114,981 are currently enrolled in restricted-scope Medi-Cal.
- 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)



# Potential Provider Impacts

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## Conceptual Impacts:

- All Medi-Cal beneficiaries under age 19 are eligible for full-scope benefits.

## Network Adequacy:

- SB 75 beneficiaries will be accessing full-scope range of services; e.g., preventative health, mental health, substance abuse, dental, etc.
  - Services not currently provided in restricted scope Medi-Cal.

## Accessing Care:

- Spoken and written communication barriers for a population unfamiliar with accessing a new level of health care services.



# Stakeholder Engagement

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- Primary stakeholder engagement forum is the bi-weekly Immigration subgroup of the Assembly Bill 1296 Workgroup, which includes DHCS staff, consumer advocates, counties, community based organizations, and local health program providers.
- Ongoing conference calls and meetings with:
  - County Welfare Directors Association of California (CWDA).
  - Weekly Managed Care Operations Plans.
  - Quarterly Medi-Cal Dental Advisory Committee.
  - Bi-monthly dental Los Angeles stakeholders.
- For information on the workgroup or to submit questions/concerns regarding SB 75, send email to: [SB75EligibilityandEnrollment@dhcs.ca.gov](mailto:SB75EligibilityandEnrollment@dhcs.ca.gov)



## Stakeholder Engagement (cont.)

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- 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](http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/SB-75.aspx).
- SB 75 FAQs available on the webpage in January 2016.
- Next SB 75 Eligibility and Enrollment Plan Webinar scheduled for February 18, 2016.
- Provider bulletin to be posted 60 days prior to transition as a reminder to providers of the upcoming implementation of SB 75 and contact information for questions.



# Questions?

