Bay Area Regional Workgroup Executive Summary

Update on Coverage Expansions

The Bay Area vastly exceeded Covered California enrollment projections, enrolling 325% of projected enrollees during the first year. Its share of total California enrollments decreased during the second year. Medi-Cal enrollments were also quite successful. Stakeholders pointed to the Healthy San Francisco program, which played a key role in funneling people into enrollment.

Enrollers did face some issues trying to enroll Medi-Cal eligibles. Because Healthy San Francisco has a very simple application process compared to Medi-Cal, some new enrollees faced difficulty due to their unfamiliarity with the Medi-Cal enrollment process. Some individuals faced difficulty renewing their Medi-Cal coverage because San Francisco uses per-applicant customized and barcoded renewal forms, meaning that if an individual loses their form, the Health Services Agency must generate and mail a new one for completion. Others had to wait for enrollment holds to clear, and DHCS was unable to issue clarification to enrollers. This increased the application backlog. Other regions faced similar application backlog issues. Marin County stakeholders reported that their registrants were largely non-expansion, suggesting that there are further opportunities to enroll people into coverage.

Enrollers also experienced some challenges with CalHEERS issues, though they reported that the experience is greatly improved over the open enrollment. There were several cases where enrollers could not access adequate technical assistance to complete enrollments, though there were far fewer incidents than there were in the past. A few individuals also received erroneous tax forms (if they received anything at all), and had to file for tax filing extensions because they did not receive the correct forms from Covered California in time.

Stakeholders also emphasized there is a lot of work that needs to be done to educate the newly insured on how to use their coverage. Because many individuals were not aware of how low-premium plans have high out-of-pocket costs, many selected bronze plans and were surprised by the resulting out-of-pocket costs. Some stakeholders also reported individuals selecting catastrophic plans even when a bronze plan was available for only a dollar more. There may be a misunderstanding on what deductibles are, and how they impact access to care. Consumers also frequently don't know how to take advantage of what their plans offer to minimize costs. Stakeholders suggested that these decisions may also be associated with more youth gaining coverage in the Bay Area, but said more data was needed to make any conclusions.

Payment and Delivery System Reform

Stakeholders reported that P4P rollouts would need to be sensitive to existing variation between plans and IPAs within a plan. Implementations need to be sensitive to the fact that lower performing plans may not be able to reach baseline incentive thresholds and not improve their performance as a result. They also recommended that P4P criteria be carefully selected to ensure that incentives align towards improved care instead of misdirected care. Provider groups expressed a desire for programs that would emphasize care for the entire patient population, rather than just the subset under a specific plan or program. Having too many different incentives ends up being counterproductive, as providers can no longer focus their efforts on specific measures.

There were also difficulties in quickly identifying and bringing online behavioral health providers to meet the expansion's requirements. Stakeholders expressed concern that the rate of changes would impact the quality of the expanded range of services beneficiaries now receive.

DSRIP and §1115 Waiver

Stakeholders expressed concerns that DSRIP negotiations may not fully align with what is needed. Program requirements are setting increasingly high bars that are difficult for many providers to reach, and community clinics have not been included in discussions despite the heavy focus on ambulatory care.

Participants also noted that the §1115 Waiver's whole person care pilots seem to target the same people targeted by the more mature ACA §2037 Health Homes. There is some speculation as to if ACA §2037 could be a better approach over the proposed §1115 waiver whole person care pilots.

Remaining Uninsured

The waiver proposes combining DSH and SNCP funds to fund care for the remaining uninsured, with DSH funds being available to care for the undocumented through public hospitals. Counties with public hospitals will have better opportunities to implement managed care models with their care of the uninsured. However, counties that do not have public hospitals will not be able to access these funds. Stakeholders emphasized that for the foreseeable future, Emergency Medi-Cal will remain a key funding stream for providing care to the undocumented, and that ways to fund specialty care need to be identified.

Insure the Uninsured Project's Workgroups are supported by grants from the Blue Shield of California Foundation, The California Endowment, The California Community Foundation, The California Wellness Foundation, and the California HealthCare Foundation.