

Central Coast Regional Workgroup Executive Summary

ITUP's Central Coast workgroup convenes stakeholders from the counties of Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, and Ventura County.

Update on Coverage Expansions

Central Coast counties observed a 50 to 60% growth in Medi-Cal managed care coverage since 2013. Stakeholders shared that the ACA helped raise awareness of the importance of health insurance, which in turn raised awareness of Medi-Cal eligibility, boosting enrollment. Community-based organizations played a key role in handling enrollments in many counties, in some cases handling the vast majority of enrollments and referring Medi-Cal eligible to county social service departments. Some counties also provided enrollment services on-site at clinics known to serve a high number of uninsured patients.

Many clinics have since seen an increase in patients (+31%) and visits (+11.5%), with increases in patients with private (Covered California) and Medi-Cal insurance along with a decrease in uninsured patients. Because of these increased patient loads, some counties are seeking to expand their clinics, but are hampered by low workforce supply to staff new sites. ER usage by Medi-Cal beneficiaries has also increased. Unless sufficient investment is made to improve primary care capacity, ERs will remain strained.

Medi-Cal

As is the case in much of the State, Medi-Cal fee for service continues to experience a shortage of specialty care providers. This is not the case for Medi-Cal Managed Care, with many specialty providers being quite willing to work with MCOs. However, Emergency Medi-Cal remains on a FFS system, posing issues for beneficiaries who need to be discharged from the hospital into a care facility. This is compounded by the one-month wait period required before an individual can transition into Medi-Cal Managed Care.

Some counties have found that doctors are willing to provide community service, but do not want to open up their practices to Medi-Cal. In these cases, specialists can be contracted to provide services through an FQHC. The FQHC handles all administrative requirements and reimburses the specialist. Even so, access remains challenging because of a sheer lack of providers in some areas, even outside of Medi-Cal.

Medi-Cal beneficiaries also struggle to access dental care and behavioral healthcare. Even emergency dental care is frequently associated with wait times of up to six months. The expansion of Adult Denti-Cal benefits is welcome, but there has been a reduction in access to children's dental services, with many providers now refusing to accept Children's Denti-Cal for surgery. There are also very few behavioral health providers who will accept Medi-Cal referrals. Some stakeholders believe that telemedicine could help address the lack of providers.

Covered California

The Central Coast experienced a highly successful first year enrollment in Covered California (close to 300% of projected), although it had a reduced share of statewide enrollments during the second enrollment. Stakeholders suggested that during the second year, there was a significant increase in Medi-Cal enrollments that might explain the relative lack of Covered California enrollments. Stakeholders reported that many consumers elected for bronze plans, even if eligible for enhanced silver. This could point to either a misunderstanding on how pricing works, or to more serious affordability issues.

Insure the Uninsured Project

Some challenges still remain. Provider access needs to improve to ensure timely access to appointments, and shifting formularies were confusing for consumers. CalHEERS still struggles with some technical issues for certain enrollees, though overall the system is greatly improved over the first enrollment. Stakeholders reported that some subscribers were unhappy about the way Covered California automatically terminates coverage as soon as an individual's income drops low enough to qualify for free Medi-Cal coverage.

Behavioral Health and Expanded SUD Benefit

Central Coast stakeholders have been making progress in integrating their behavioral health systems by improving ties between primary care and behavioral health. A Blue Shield of California Foundation grant was key to helping integrate behavioral health in San Luis Obispo, helping create a roadmap for stakeholders and convening key county stakeholders. Like many other areas, data sharing issues continue to slow the implementation of data exchanges to facilitate cooperation between primary care and behavioral health.

Some stakeholders also complained that it's hard to attract providers into Medi-Cal Managed Care when the State prison system and local hospitals offer better compensation. Rural areas are struggling to find enough providers for their behavioral health networks. While tele-psychiatry could address access issues in rural areas, execution is key as some stakeholders have had mixed success with current efforts. PPS billing issues also complicate the use of tele-psychiatry, restricting reimbursements.

The new Drug Medi-Cal waiver will expand Medi-Cal's SUD benefit to all eligible and provides opportunities for counties to expand their SUD treatment networks. Stakeholders believe these expansion efforts will be limited by the lack of SUD treatment providers in the region.

Remaining Uninsured

Regional stakeholders have pioneered a number of programs to provide coverage to the uninsured. Santa Barbara has a MISP program that provides coverage to individuals under 200% of FPL who are ineligible for Medi-Cal, but it's underused. It is funded through tobacco settlement dollars.

There is some interest from regional agricultural employers to provide some coverage to their workers, which could be leveraged through a combined §1115/§1332 to combine employer coverage funds and Medi-Cal to provide a single coordinated program in the future if Medi-Cal eligibility is extended to undocumented workers.

With the upcoming implementation of SB4, Santa Barbara is phasing out its Healthy Kids program. There is some concern that some undocumented families have income levels too high for their children to qualify for Medi-Cal.

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.