

Update on Coverage Expansions: Medi-Cal & Covered California

The expansion greatly increased Medi-Cal managed care enrollments, and Covered California enrollments were more than double the expected amounts. As a result, insured clinic visits increased while uninsured visits decreased by half, although bottom line increases were small as many clinics are already supported by CMSP. Stakeholders pointed to both institutional collaboration and grassroots on-the-ground collaboration as being important to supporting enrollment success. HRSA and Navigator grants also helped to fund on-the-ground efforts.

Several issues remain: CalHEERS still does not interface well with local Medi-Cal offices, leading to enrollment delays when people enroll through Covered California. Although there have been improvements, an ideal solution will not require workarounds that are too arcane for non-experienced assisters.

The family glitch has started to affect more families as well. It is to the point that some employers are better off not offering coverage to dependents so they can access subsidized coverage on the exchange instead. Individuals with bronze plans are faced with a very high cost-share, which in some cases leaves them better off if they were uninsured. A §1332 waiver could address these issues.

Stakeholders also reported that Humboldt area providers are reluctant to contract with Covered California plans, leading to narrow networks. They also stressed the need for plans to provide accurate provider lists so that patients can identify in-network doctors with ease.

Payment & Delivery System Reform

Since the expansion, ED usage has increased. This may be indicative of poor specialty care access in the region, which is the case for the entire population regardless of insurance coverage. The decreasing doctor-to-resident ratio is making it increasingly hard to access these services, and even primary care now has a significant lead time for intake visits. The delivery system will need to reckon with this shortage, as it could soon find itself unable to provide enough care due to its shrinking workforce. It is likely that the area will never have as many practitioners as it once did, so stakeholders emphasized the need for evolving care frameworks to adopt to the present and future reality.

Referrals in the region have been challenging. In 2009-2010, there was a failed attempt to create an electronic referrals system. There is a new pilot that uses referral templates, which clearly outline primary care and specialty care responsibilities. E-consults could help improve the effectiveness of referrals, but there are not enough participating specialists in the county, and many providers face technical barriers. Improved telemedicine could help reduce excessive transportation costs to get people to specialty care.

Stakeholders noted that although Partnership receives very high HEDIS scores, they obscure the fact that the northern counties underperform on most measures.

Behavioral Health Integration

Many of the homeless in the Humboldt area have advanced behavioral health conditions, and need both behavioral health and primary care to manage both their conditions and the side effects of psychotropic medication. Unlike other counties where clinics and the county do not work closely together on behavioral health, Humboldt County is quite willing to work with clinic partners, but faces structural barriers that impede integration. The lack of housing stock also complicates care.

Insure the Uninsured Project

Stakeholders suggested getting more clinics certified as certified behavioral health clinics to create more behavioral health sites. This would allow more mental health professionals to be involved in clinics. However, a better payment mechanism needs to be identified, as current reimbursement rates are not sufficient to support expanded services.

There are also significant opportunities for integration. There has been strong support for a county-wide HIE that would connect social services, medical services, and mental health services together. A pilot is expected to start shortly.

Drug Medi-Cal Waiver and SUD Treatment

Humboldt County is attempting to create an integrated Drug Medi-Cal delivery system that will integrate subsidized housing. It is working to identify funding sources. The waiver itself will allow for a broader range of reimbursable services, but a robust delivery network must be developed first. Stakeholders expressed concern that there may not be an adequate network in time for the waiver's rollout. Additionally, it was unclear who was in the best position to administer the new SUD benefit – some suggested Partnership Health Plan or the county's CMSP program had the necessary resources.

Remaining Uninsured

In May 2016, undocumented youth will become eligible for full-scope Medi-Cal. Stakeholders believe that outreach will be largely through word-of-mouth, with a few planned events as well. The main challenge will be overcoming the fear people have of registering for a government run program and being targeted for deportation.

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