

Update on Coverage Expansions: Medi-Cal & Covered California

Medi-Cal enrollment in the Inland Empire exceeded the statewide average of 59% growth, with Riverside experiencing 104% enrollment growth and San Bernardino experiencing 65% growth. Growth has not impacted quality, with local Medi-Cal managed care plans still receiving high HEDIS scores. The region has also been successful at enrolling people into Covered California, accounting for 9.9% of the state's enrollment. Both Riverside and San Bernardino exceeded project enrollments, and maintained high growth during the second year of enrollment. As a result of these successful expansions, local clinics have seen their insured visits increase significantly while their uninsured visits have decreased.

Enrollers credited an aggressive outreach strategy that brought as many partners into the effort as possible, including some non-traditional partners such as churches. Broker outreach was also important, educating brokers on where to refer people if they were Medi-Cal eligible. Enrollers also had to overcome myths about Medi-Cal that were discouraging people from enrolling, teaching potential enrollees about the quality and wide range of benefits Medi-Cal makes available to its beneficiaries. Future enrollments will likely be much more challenging, with the remaining uninsured likely to be much more reticent about enrollment. Enrollers also noted that per-application reimbursements, which were key to having many people participate in outreach and enrollment, were being phased out. In addition, many new enrollees are demonstrating strong price sensitivity, with many moving down from silver to bronze as their income rises and they lose access to cost sharing subsidies.

Payment & Delivery System Transformation

Provider capacity is a critical focus area in the Inland Empire. Local community clinics are now bringing more providers online to meet increased demand and to bring down wait times. Likewise, IEHP is contracting with more private providers to increase access. They have been particularly successful in increasing access to behavioral health, with over 800 providers now on network. Some regions of the Inland Empire have poor access across all markets, and more innovative solutions will be needed to address their shortages. The new UC Riverside School of Medicine could help develop the local workforce.

Specialty care is a particularly important area of difficulty, with many groups reporting poor access. One new approach is to use county funds to help existing practices hire and relocate specialists into the region, but ultimately, retention issues need to be addressed, as many specialists are choosing to leave the region. Reimbursement is an important factor, as many specialists expect much higher levels of total compensation than what the local payor mix can provide because there are not enough employer sponsored plans with good reimbursement.

The ongoing shift from fee-for-service towards a value-based system is difficult, as many providers feel they cannot transform themselves to provide value when they are still reimbursed for services. The payment system needs to evolve with practices. Practices feel they cannot evolve under FFS, but also fear they will sink if suddenly expected to shift to a capitated reimbursement scheme. Hospitals are particularly prone, as they are built upon providing inpatient care, and will need to better engage with population health and non-traditional approaches to ensuring patient health to achieve value.

Behavioral Health & Expanded SUD Benefit

There is strong local leadership for integration, which has helped the region make significant gains. Inland Empire Health Plan has successfully carved behavioral health benefits back into its Medi-Cal plans and also provides services to county behavioral health agencies, ensuring smooth referrals as patients move between

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mild-to-moderate and SMI classifications. It has also developed a strong network of behavioral health providers that could become the basis of future population health efforts. The DMC-ODS waiver may help the region meet the current need for SUD treatment.

Remaining Uninsured

Although the number of uninsured has declined, some enrollers believe there may be some who decline to renew their coverage if their premiums rise. Mixed-status families continue to be difficult to enroll, as many fear that they may attract the attention of immigration enforcement.

The undocumented largely receive their care through charity care and emergency Medi-Cal. The new §1115 waiver's GPP and PRIME components will essentially create an aligned coverage system for Medi-Cal and the undocumented that will be delivered through public and district hospitals.

SB4 will expand coverage to undocumented youth. Enrollers anticipate they will need to do heavy outreach and education to make sure families are aware they can enroll their children and not be targeted for deportation as a result. Over time, the number of total eligibles is likely to decline as undocumented immigration has largely stopped. Some enrollers suggest enrolling youth into emergency Medi-Cal, as they will automatically be redetermined into full-scope Medi-Cal.

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