

Update on Coverage Expansions: Medi-Cal & Covered California

Mendocino and its neighboring counties have seen significant enrollment growth, both in Medi-Cal managed care and in Covered California. As expected, uninsured visits are decreasing while Medi-Cal and private insurance (Covered California) visits are increasing, with many clinics reporting improved bottom lines. Stakeholders pointed to the relatively small and homogenous provider ecosystem, which made organizing and outreaching relatively simple, with a small number of systems being able to reach the majority of the population. Mendocino leaders also had a strong history of collaboration with the county Social Services department, which eased Medi-Cal enrollments.

Enrollers praised the improved Shop and Compare tool on Covered California, and reported that Medi-Cal determinations now cleared in a timely fashion. Covered California enrollees also reported a better experience finding primary care, as most providers in the area were in-network. Nonetheless, access does remain challenging, as is the case in most rural areas.

Some enrollment challenges persisted this year. CalHEERS and local county social services systems are not well-connected, hindering Medi-Cal enrollments processed by Covered California. Although Covered California functions much more smoothly, there are still cases of inaccurate 1095A forms being sent to consumers, and enrollment counselors are not receiving enough support from Covered California. Anecdotally, inappropriate ER usage has also increased. Some suggested this may be a combination of a lack of primary care and hospital dependence on Medi-Cal reimbursements for ER visits, which disincentivizes patient education to not use the ER.

Payment and Delivery System Transformation

The new §1115 waiver could bring in \$7 billion in funds to improve behavioral health, public hospitals, and managed care, as well as a new whole person care pilot program to improve care coordination for the safety net's highest cost patients. Some participants expressed interest in using an ACA §1332 waiver to address the family glitch, where an individual's dependents are barred from exchange subsidies if they receive an offer of dependent coverage, even if said coverage is unaffordable.

While there is some interest in telehealth, stakeholders reported it is underutilized, with very few clinic staff trained to utilize it.

Behavioral health & Expanded SUD Benefit

All Mendocino clinics are now behavioral health providers, and many private providers have also chosen to participate as well. The next challenge is helping patients realize they can now access this benefit, as they are used to being denied the services by county mental health services. There are some challenges in ensuring warm handoffs, with many private providers unsure of where to refer their patients.

Stakeholders expressed frustration with the arbitrary nature of dividing "mild-to-moderate" behavioral health conditions from SMI diagnoses. The division is unclear, and different counties provide different levels of funding to the two categories. There have been many cases where counties refuse to provide any care until the condition is very severe.

The new Drug Medi-Cal waiver and its expanded SUD benefit were of interest to many stakeholders. Most indicated they would rather have Partnership Health Plan administer the benefit instead of their various counties. Because of challenges working with county alcohol/drug treatment services, many clinics already provide SUD treatment benefits under the rubric of behavioral health services.

Remaining Uninsured

Undocumented youth who otherwise meet Medi-Cal eligibility requirements will be able to access full-scope benefits in May 2015. This will be an improvement over the current reliance on emergency Medi-Cal and private funding, though these will remain the main streams for undocumented adults. Dental is the largest cost driver for uninsured youth in the region, as most children do not need much medical care.

The inability to access care has lead many undocumented to forgo care until their conditions become life threatening. The county is not willing to provide care to the undocumented except in crisis situations. While clinics do provide some care, there are not enough sites to refer people to for specialty care.

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.