

Orange County Regional Workgroup Executive Summary

Update on Coverage Expansions

Orange County stakeholders achieved 60% growth in Medi-Cal enrollment over the past 17 months, and achieved 300% of anticipated Covered California enrollments while maintaining their relative share during the second year of open enrollments. Enrollers adopted an education-first strategy that sought to clear up misconceptions about enrollment and clarify its importance, especially for low-English proficiency individuals. The Covered OC collaborative, which allowed enrollers to apply for outreach, aided stakeholders and enrollment funding as a single entity while providing a space to pool information, share best practices, and coordinate outreach efforts. Hospitals also played an important role, enrolling patients who uncovered despite being eligible for coverage. Orange County's private-sector safety net also believed they were boosted by greater flexibility to redirect enrollment efforts and adopt new strategies compared to public-sector entities in other counties.

Despite these successes, enrollers cautioned that there were still some issues to be addressed. They warned that Covered California's messaging on tax penalties needed to be clearer so patients understand ahead of time what tax penalties, if any, they might be subject to. They also noted cases where patients who were enrolled into Medi-Cal via Covered California would show up to seek care with a Medi-Cal determination letter, but could only receive coverage via presumptive eligibility because they were not yet in the county's system. Better enrollment data access would also make it easier for enrollers to identify what areas of the county needed additional outreach and application assistance.

Affordability is also an issue for some patients, who struggle to pay their premiums or cost-shares. However, there is support from local hospitals to provide supplemental premium assistance. Some patients end up paying cash for services at a negotiated rate despite having coverage because they cannot afford the copays. The family glitch is also impacting many families, preventing them from accessing Federal subsidies for exchange plans because they have been offered workplace coverage, even though it is unaffordable.

Remaining Uninsured

County stakeholders have had significant success in advancing care for the uninsured. The county public health department is coordinating hospital community benefits to drive the delivery of care to the uninsured. While successful so far, there is room for further improvement. Some hospitals are also making progress improving their data sharing with clinics, but most have not yet fully jumped on board with data sharing arrangements. A good start has also been made in increasing recuperative care pool funds to provide care to the homeless.

Hospitals have also expressed interest in underwriting premium assistance to help address affordability issues. However, hospitals are waiting for IRS and Covered California to issue clear guidance to entities on how supplemental premium assistance arrangements would work with regards to tax credits.

The coverage expansions have shifted the demographics of the remaining uninsured, with many of them now young, low wage, healthy, and quite frequently undocumented. If Medi-Cal eligibility was extended to cover DACA/DAPA eligibles, nearly half the county's remaining uninsured would be shifted into coverage. SB4 and SB10 will be instrumental in realizing this opportunity. A provision in the current §1115 waiver renewal would also help by allowing DSH/SNCP funds that currently only fund uncompensated hospital care to follow patients as they are discharged.

Behavioral Health

Stakeholders reported a need for stronger county leadership to improve behavioral health access. Without stronger county leadership, efforts to improve coordination of care for borderline-severity patients and improve access to emergency psychiatric services will remain in limbo. Stakeholders pointed to a recent grand jury report urging county leadership to vastly expand access to emergency psychiatric care by opening at least four new emergency centers. There has been success in getting care to veterans by directing them to the VA, which operates an independent behavioral health delivery system.

The §1115 waiver provides significant opportunities to improve behavioral health, by providing shared savings that can be reinvested back into expanding Orange County's behavioral health infrastructure. Whole person care elements would also provide groundwork for multi-agency collaborations to reduce the cost of providing care to the highest cost patients. Because Orange County is dominated by large multispecialty physician groups, county stakeholders are in a better place to pursue this opportunity, as these larger groups are better able to handle higher risk patients compared to solo and small group practices.

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