Update:
Section 1115 Waiver
"California's Bridge to Health Care Reform"

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1115 Waiver Overview

- November 2010: Federal government approved CA's five year waiver proposal.
- Waiver is designed to be a bridge to full implementation of health care reform in 2014.

- Attempts to stabilize systems safety net providers
- Improves care coordination for certain vulnerable populations
  - Mandatory Medi-Cal Managed Care
- Expands coverage to more uninsured adults
  - Low Income Health Projects (LIHPs)

Medi-Cal Managed Care

Seniors & Persons with Disabilities

Medi-Cal Managed Care: Enrollment Process

- Effective June 1, 2011, certain Medi-Cal eligible Seniors and Persons with Disabilities (SPDs) are required to enroll in Medi-Cal managed care.
  - Currently receiving Medi-Cal: Mandatory enrollment is required in birth month. Voluntary enrollment at any time.
  - Newly eligible for Medi-Cal after 6/1/11: Mandatory enrollment in month that the individual is eligible for Medi-Cal

Medi-Cal Managed Care:
Who is required to enroll in a managed care plan?

County

- You must reside in one of the following counties: Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus, or Tulare.

Medi-Cal Aid Code

- You must also have one of the following Medi-Cal aid codes to be affected by this change:

20, 24, 26, 2E, 2H, 36, 60, 64, 66, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6V, 10,14, 16, 1E, 1H.

Medi-Cal Managed Care: Who is required to enroll in a managed care plan?

- All Medi-Cal eligible SPDs with the following exceptions:
  - Duals (Medi-Cal & Medicare)
  - Medi-Cal with a Share-of-Cost
  - Medi-Cal and Other Health Coverage (Pvt. Ins.)
  - Long Term Care
  - Foster Children
  - CCS

Los Angeles County: Two-Plan Model

- LA Care 888-839-9909
- Health Net 800-675-6110
- Individuals also have the option to enroll in "Special Need Plans" if they meet the plan's criteria:
  - AIDS Healthcare Foundation

Medi-Cal Managed Care: Enrollment

- Medi-Cal beneficiaries will have the option enroll in one of the county's Medi-Cal managed care plans.
- Individuals who do not enroll by the required date will be auto-assigned to a plan.

- Enrollees will receive enrollment materials by mail (with follow-up phone calls):
  - 90-days Notification Letter
  - 60-days Enrollment Package
  - 30-days Follow-up letter
  - Reminder phone calls in between

Opting Out of Medi-Cal Managed Care

- People with HIV can continue to see their current provider in one of two ways:
  - Medical Exception Request (MER)
  - Continuity of Care Request

Medi-Cal Managed Care: Medical Exemption Requests (MER)

- Medical Exemption Request (MER) – exemption from Managed Care system for one year
  - Provider is not contracted with local managed care plan
  - Provided care in the last 12 months
  - Has a complicated health condition; HIV is a listed condition
  - Have been verbally told “is not stable enough for transfer to managed care plan”
    - Do not believe this is a legal interpretation of the statute
  - For the time being providers must submit supporting evidence because “the reviewers are not familiar with HIV”
  - Unfortunately no clarity on what the evidence must be
  - Advocates are continuing to work with the state on interpretation of the statute
- Renewed annually

Medi-Cal Managed Care: Continuity of Care

- Continuity of care request
  - Client enrolled in managed care plan
  - Treatment from non-plan provider within last 12 months
  - Provider willing to take payment from plan: fee-for-service or managed care rate whichever is higher
  - Plan must attempt to contract with provider
  - Extension on continuity of care request unclear but no obligation to continue past 12 months

- For people who seek their care out of their county of residence:
  - Advocates working with DHCS on solutions
  - For time being, the only solution is to file an MER with supporting evidence

Medi-Cal Managed Care Resources

- Health Care Options
  - http://www.healthcareoptions.dhcs.ca.gov/HCOCSP/Home/default.aspx
  - All managed care issues are handled through Health Care Options not through the local Medi-Cal worker/office.
- Fact Sheet:
    - Project Inform & San Francisco AIDS Foundation
    - www.projectinform.org
    - www.sfaf.org

Low Income Health Projects

LIHPs

LIHPs: Overview

- The Low Income Health Projects, or LIHPs, are health initiatives designed to extend health coverage to uninsured adults.
- The focus of the LIHPs is to help counties identify their uninsured populations and to move these individuals into care prior to 2014.

LIHPs:
Medicaid Coverage Expansion and Health Care Coverage Initiative

- Funded by 50% county funds and 50% federal matching reimbursement.
- the LIHPs consist of two separate programs:
  - The Medicaid Coverage Expansion (MCE), covering individuals from 0 to 133% of the Federal Poverty Level (FPL)
  - The Health Care Coverage Initiative (HCCI), covering 134% - 200% FPL .
  - Twenty-four counties (and CMSP) have submitted applications indicating that they intend to participate in the LIHP.
  - Los Angeles County's LIHP is called "Healthy Way LA".
  - The City of Pasadena has also submitted a LIHP application.

LIHP: Eligibility

- Between the ages of 19-65 ,
- Uninsured: may not be otherwise eligible for Medi-Cal, Medicare or other health coverage
- Must meet income eligibility standards.
  - Healthy Way LA 133% FPL
  - Other LIHPs 70%-200% FPL
- Beneficiaries must also be legally residing in the United States.

LIHP: Scope of Services

- The MCE and HCCI are required to provide comprehensive benefits packages that include coverage for the following services:
- Medical outpatient (including specialty care and laboratory coverage),
- Inpatient hospitalization coverage,
- Emergency room treatment,
- Prescription drug coverage (and some non-prescription drugs),
- Physical therapy,
- Radiology,
- Medical equipment and supplies.
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- In addition to these services, the MCE will be required to provide coverage for the following:
- Mental health services,
- Prior authorized non-emergency medical transportation,
- Podiatry services.

LIHP: Network Adequacy

- To ensure that individuals have adequate access to care and treatment, the MCEs and HCCIs are required to comply with minimum access standards. The state will monitor county systems to ensure network adequacy and will be responsible for imposing penalties if they are out of compliance. The network standards are as follows:
  - Providers must be located within 30 miles or 60 minutes from the patient's residence;
  - Routine medical appointments must be available within 30 days of request (decreases to 20 days in June, 2012);
  - Urgent primary care visits within 48 hours of request;
  - Specialty care visits within 30 days.

LIHP Coverage & Persons with HIV

- LIHPs & Ryan White/ADAP serve same primary population (Uninsured Adults)
- Ryan White Payer-of-last resort mandate.

- Discussions with state and federal agencies have indicated that persons with HIV could be required to obtain medical coverage and prescription drug coverage through the LIHP (Healthy Way LA).
- Many Details still being worked out.

LIHPS & Persons with HIV

- All of the LIHP counties have reported that they did not anticipate having to provide HIV care as part of LIHP coverage.
- Due to the lack of guidance, the counties believed that persons with HIV would continue to receive coverage under the Ryan White Program and that the LIHPs would serve the non-HIV uninsured population.
- This confusion has resulted in the counties not anticipating the high cost of HIV care in their LIHP budgets.

LIHPs & Persons with HIV: Advocacy Efforts

- High-level negotiations are continuing between state and federal agencies (ONAP, HRSA, CMS, DHCS, OA).
- DHS-HWLA and OAPP are meeting regularly to respond to issues and to develop a transition plan.
- ***Until more information becomes available, persons with HIV should assume that their health coverage and ADAP coverage will continue as it currently is.***

LIHPs: Unresolved Issues

- HRSA payer of last resort mandate is in conflict with the LIHPs ability to support the high costs associated with HIV medical care and prescription drug costs.
- Continuity of care: All Ryan White medical outpatient providers are not contracted LIHP/HWLA providers.
- Transition plan needed to ensure a safe and responsible transfer of care from one system to another (Ryan White to LIHP).

LIHP Resources

- Department of Health Care Services Low Income Health Plan Site
  www.dhcs.ca.gov/provgovpart/Pages/lihp.aspx

- LIHP Fact Sheet for Consumers
  www.projectinform.org

Questions and Discussion

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