

Note: Due to technical issues, the November 17, 2015 SB 75 Webinar is not available. Below are questions received during the SB 75 Webinar. DHCS will incorporate applicable questions from the webinar into the SB 75 frequently asked questions at <http://www.dhcs.ca.gov/services/med-cal/eligibility/Pages/SB75Webinar.aspx>.

SB 75 Webinar Questions:

Will this program take the place of the Gateway program?

One of the slides indicated counties participating in outreach and enrollment efforts would have monthly meetings. Are these Assembly Bill (AB) 82 counties? If so, how are they contacted?

If there is a backlog for transitioning these individuals from restricted to full, will they be eligible for retro full-scope coverage?

Where are you going to do outreach to enroll these two populations of children?

For the Healthy Kids counties who have identified their members who have Restricted Medi-Cal, when do you advise for these Healthy Kids programs to terminate the Healthy Kids membership for their members? When will we know if May 1st is the Go Live date?

How are families that currently have coverage through programs such as county plans or Kaiser Permanente child health program for the undocumented, transitioning to full scope Medi-Cal or will they have to apply separately?

How can we find out more information regarding the grant for outreach?

How will be handled the children whom are under the Permanently Residing under Color of Law (PRUCOL) Medi-Cal already? (Will there be a change in their code or not?)

What is there for us, enrollment counselors to do now until May 2016?

Will there be reporting requirements for the Medi-Cal Managed Care Plans?

With regard to "enroll today" comment, are you suggesting that children enroll in restricted Medi-Cal today?

For children who are currently enrolled in the Kaiser Child Health Plan. How and when will the transition be taking place? Will they receive a Medi-Cal packet or automatically transfer to Medi-Cal and stay with Kaiser?

Are there plans to assign a different aid code for this group?

What is the email address to participate in the workgroup?

How do we connect to the immigration group?

Are the projected number of enrollees available by county?

To clarify: Senate Bill (SB) 75 will only affect emergency situations. It will NOT enroll kids onto managed care plans for periodical well-child and sick visits?

Will you be publishing the responses to these questions?

Will the implementation date mean we will look at billing retroactively 12 months and therefore should be keeping documentation on services that WILL be covered effective May, 2016?

Does the website provide the history on SB 75?

Any updates on how we can work to sign up unaccompanied minors, many of whom have caregiver affidavit? Will this be a barrier to sign up for services?

Do you have a break down by county of the children who are already on restricted Medi-Cal and meet to SB75 criteria? If so, is that information available on the website?

If children apply now for limited scope Medi-Cal, will those applications be put on hold until May 2016 to process then, or will it be processed and approved now, then transitioned into full scope Medi-Cal in May 2016?

Will this presentation be available for download?

Can you provide any information at this time re: what the key components of the eligibility and enrollment plan (for the affected populations) will be?

How will the packet look for County Organized Health System (COHS) plans (re: Health Plan Choice Packet)?

Would assume second notice includes ability to opt out? Not that we want that... and choice packet WITH third notice or a fourth mailing?

Please explain why new Aid Codes are not being created for this beneficiary population.

What will the continuity of care requirements be for the transition population?

Will these individuals be eligible for MMC services until the age of 26 year old?

Is there a dollar amount cap or individual cap for this program?

Could we get the slides for this presentation?

I believe it would depend on the doctor's evaluation if the services were emergency or not. If not, the patient would have to pay for the consultation.

How will healthy kids enrollees transition? Many of them already have a connection to a managed care plan and a provider. How can the state ensure a seamless transition for those children?

Sorry if this was asked already but just joined. In re: Specialty Mental Health Services, those who meet Medi-Cal Medical Necessity criteria, will the local MH Plan be required to provide a local match? Will it be the same as Early and Periodic Screening, Diagnostic and Treatment (EPSDT)?

Do they have a choice between full-scope and restricted?

During Medi-Cal expansion - people can use covered ca website and client would be passed on to county for Medi-Cal application process.

What does restricted look like for underage individuals?

Does "local county children's programs" include local county programs that include children but are not specific to children?

What will be an acceptable identifier in lieu of using a Social Security Number?

Of the 3 notices, how many will be translated into the threshold languages?

Any plans to communicate with attorneys and immigration lawyers, for them not to tell the families that having the full-scope Medi-Cal will be a public charge. There are many families that don't want to apply because the fear that it will affect their residency or citizenship process

Will this information be developed at a low literacy reading level?

Will you provide a copy of the Q & A to participants?

Will there be any guidance regarding how this process may differ for the COHS models? For example, our assumption is that there will not be any plan choice in COHS counties.

Using the current aid codes that qualify for State paid assistance for Medicare Part B premiums, may pose a problem for Third Party Liability and Recovery Division (TPLRD) with cost overruns. Per federal statues individuals with PRUCOL status are prohibited from receiving Medicare services. Is there a plan to include a value or indicator for this group, if they are in a Buy In aid code to prevent Medicare payment assistance?

Related to CCS and Regional center; there is a lot of coordination work that we do between the MCP and the CCS program and Regional Center. Part of this work is based on history and status as well as assisting them with transition. Will any additional information be available related to these new full scope members so that we can be in compliance with the coordination needs?

Is there a plan to increase Medi-Cal/Denti-Cal provider reimbursements to encourage more providers to accept the 170,000 new children with Medi-Cal coverage? It is already difficult in many areas to find providers to take new children with Medi-Cal.

I am confused how the draft second notice was released before the draft first notice. Can you please explain?

Will Department of Public Social Services (DPSS) be the only source for application completion or will Federally Qualified Health Centers (FQHC) also assist with the enrollment process?

During a Covered CA call last week, it was announced that Department of Health Care Services (DHCS) would expand Medi-Cal January 2017 to children under 19 not previously eligible and individuals not previously eligible due to the 5 year residency requirement. Is there a potential that the Medi-Cal expansion will be delayed until January 2017?

Are the managed care plans in Northern CA prepared for this?

Has it been considered to outreach to those that continue to receive services via presumptive eligibility?

I live in Santa Clara County where undocumented children are insured through the healthier kids program. What will happen to that program with the implementation of SB75?

Please specify when 2nd, 3rd and plan choice packet would be released (x days prior to implementation, x date post enrollment, etc.)

Could you provide any details about how outreach to families with children in local coverage programs will look? Or how that transition will be facilitated?

Timeline for sending Second/Third notices, and Plan Choice packet. (Only timeline for First notice was mentioned). Thanks.

Are they going to provide a new notice when the kids go from full to restricted when turning 19?

What is the State doing to assure that the enrollment process into Medi-Cal does not face similar backlogs experiences with the Affordable Care Act Medi-Cal expansion?

Will the implementation be phased in or occur all at once?

Can children apply for restricted scope Medi-Cal through Covered CA right now?

Will there be distinct aid codes for this population? What will the Federal Financial Participation be? 50%? 65%? 100%?

Are applicants going to need to provide a social security number in order to qualify?

Will the notices and Health Plan Choice Packets be translated into the Medi-Cal threshold languages?

You indicated that there are about 50,000 in the new enrollee population. But there are almost 100,000 in county programs and KPHCP. How do you reconcile the numbers and will you have a plan to transition those children to full scope Medi-Cal.

Is there an end date to register for SB75?

Do you know if the numbers released by yesterday's meeting regarding current youth on restricted scope Medi-Cal reflect strictly those ineligible currently for Medi-Cal?

Can you repeat where we can find the information regarding the aid code crosswalk for SB 75?

Can you repost the email contact for the SB 75 stakeholder workgroup?

Will children on VISAs (student, parents on workers VISA, tourist VISA) be eligible for this expansion?

Will client's that are requesting PRUCOL through MC-13 form have an easier process in getting full scope Medi-Cal due to illness?

Managed Care: Can I assume that the current health plan in this county which manages Medi-Cal will be the plan managing this new SB75 population, in this county?

If plans receive a new enrollee (member) with a restricted scope aid code, does DHCS have guidance for the plans?

How is SB 75 funded?

Is it possible for someone using a local program to be enrolled in a managed care plan also used by Medi-Cal? If yes, if someone is dually-enrolled in a local program and restricted-scope Medi-Cal and want to continue using the same managed care plan, will there be a break in coverage for them? Or could that be avoided?

Does a child have to be living in CA for a set amount of time before receiving benefits?

For children in county programs with dental coverage, will Delta Dental be held to continuity of care requirements when the children transition to Dental-Cal? The provider networks may not match.

Where are the new enrollees being outreached?

What is DHCS recommendation re: whether or not children not 'known to Medi-Cal' should apply for restricted/emergency Medi-Cal at this time in order to expedite their transition (i.e., 'lift and shift') to Medi-Cal Managed Care?

We are reluctant to pre-enroll children who will incur premiums in Restricted Scope, Is there any ability to suppress premiums for this group, or how soon prior to the conversion can they be enrolled and not have to pay a premium for just Restricted coverage?

Will there be a waiver option to remain in Fee for Service Medi-Cal?

In Sacramento, will beneficiaries be mandatorily enrolled in Medi-Cal dental managed care? In L.A. and Sacramento, will they receive the dental choice form in their HCO packets?

How can the plans effectively identify these members for internal reporting purposes if the aid code used is preexisting? What is the indicator unique for this population?

California Healthcare Enrollment, Eligibility and Retention System (CalHEERS)/the Covered CA portal has been generally more problematic than county portals for applicants with undocumented/PRUCOL

immigration statuses. What are the CalHEERS fixes (in 16.4?) that will help improve this process? Or should applicants continue to use county portals instead of CalHEERS?

Will MMCPs be recruiting additional medical and dental providers where counties are already experiencing difficulties locating providers for children with Medi-Cal?

Please provide more information about the monthly meetings with counties that conduct outreach and enrollment efforts. Does "counties" here mean county social services or other county-based health insurance programs (such as CHIs)?

Does retro apply to months prior to child's 19th birthday?

With SB 75, will children newly eligible for full-scope Medi-Cal be subject to the individual mandate/tax penalty?

Do you have the racial/ethnic/breakdown by county of the estimated eligible children?

When speaking of systems, which are you referring to? Medi-Cal Eligibility Data System (MEDS) system? County system? Calheers system?

How would DHCS claim the federal dollars for the emergency services when the children are in a managed care plan?

What is California Department of Managed Health Care confidence level (i.e., very high, high, medium, etc.) re: that required systems will be in developed/tested (by FEB 2016?) to enable SB75 to go live May 1, 2016?

Does the website explain how SB 75 differs from the previous SB 4?

Will restricted clients be automatically enrolled into full scope? if not what will the process look like?

Will COHS plans be responsible for sending out their own notices and will templates be provided?

Would children of consulates be eligible for this expanded Medi-Cal program?

If systems readiness is delayed by X number of weeks, will SB75 earliest 'go live' date (i.e., May 1, 2016) be delayed by the same number of weeks, e.g., systems readiness delayed 8 weeks, SB75 earliest 'go live' date becomes July 1, 2016?

Are there any limitations to full scope in terms of mental healthcare?

Dental care access is difficult in Denti-Cal. Is Delta Dental going to expand their network to accommodate the new 120,000 to 170,000 children?

Can you elaborate on eligibility restrictions for incarcerated youth?

T6 and T8 - obviously I'm not talking about premiums for full-scope, just restricted scope. It was a shock to learn that any child has to pay a premium for restricted scope.

Will services be 100% reimbursed?

A recent report does include estimates of eligible children enrolled in other coverage programs:

<http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/PDF%20M/PDF%20MajorTransitionUndocumentedChildren.pdf>