
Senate Bill 75
Full Scope Medi-Cal for All Children
Eligibility and Enrollment Plan
Webinar

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Housekeeping Items

- For a copy of this presentation or any SB 75 related concerns, please visit <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/sb-75.aspx> .
- Restrooms are directly across the hall from the exits.
- Please silence all devices.
- Please keep satellite speaker phones on mute when not asking a question.
- Q&A will be held at the end of the presentation. Moderators will handle questions for individuals on the phone. Remote speakers are located throughout the room and are on mute at this time. If you would like to ask a question please push the button, it'll turn blue, and the mic will come on.



Senate Bill (SB) 75

- Senate Bill (SB) 75, makes available full-scope Medi-Cal benefits for individuals under age 19, who do not meet satisfactory immigration status but meet all other eligibility requirements for the Medi-Cal program.
 - Eligible individuals will be enrolled in managed care
 - Implementation would be no sooner than May 1, 2016



Populations Impacted by SB 75

- **New enrollee population:**

Individuals under the age of 19 who meet all eligibility requirements for SB 75 but are not enrolled in the Medi-Cal program.

- **Transition population:**

Individuals under the age of 19 who are currently enrolled in restricted scope Medi-Cal with unsatisfactory immigration status.



System Readiness

- DHCS has submitted a change request for the California Healthcare Enrollment, Eligibility and Retention System (CalHEERS) to create new system functionality to determine full scope eligibility for the impacted populations.
 - Implementation of this change request is slated for CalHEERS Release 16.4, May 16, 2016.
- DHCS is working with the State Automated Welfare Systems (SAWS), County Welfare Directors Association, and Office of Systems Integration to finalize functionality changes to the county systems.



Application Process

- New applicants can submit applications through CalHEERS or their County.
 - Application methods: online, mail, telephone or in person
 - SAWS to generate the Notices of Action
- New Enrollees can request retroactive Medi-Cal coverage up to three months prior to the month of application.
 - Full scope retroactive Medi-Cal coverage will be available no sooner than the month of SB 75 implementation.



New Enrollee – Managed Care Enrollment Process

DHCS will use the current managed care enrollment process for new enrollees:

1. New enrollee living in a County Organized Health System (COHS) county will be automatically enrolled in the COHS plan:
 - Plan will mail a Welcome Packet within a week of enrollment
 - Enrollment in the COHS plan will be effective the first of the month, following the month of the eligibility determination.

 2. New enrollee living in a non-COHS county will receive a Health Care Options choice packet which provides information about Medi-Cal Managed Care Plans (MCPs) in the county:
 - Enrollees will have 30 days to choose plan
 - If no choice is made, DHCS will assign a plan
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Transition Process

Counties will transition individuals from restricted scope Medi-Cal to full scope Medi-Cal at the same time CalHEERS is ready to enroll newly eligible individuals into full scope aid codes. Once systems are ready, but no sooner than May 16, 2016, SAWS will:

- Identify eligible individuals, under the age of 19 enrolled in restricted scope Modified Adjusted Gross Income (MAGI) aid codes, and process the transition to full-scope Medi-Cal via CalHEERS.
- Identify eligible individuals, under the age of 19 enrolled in restricted scope Non-MAGI aid codes, and process the transition to full-scope Medi-Cal via SAWS.
- Generate and send the Notices of Action notifying the beneficiary/ies of the increase in benefits to full scope coverage.



Age Policy: New Enrollee & Transition Populations

Assuming an implementation date of no sooner than May 16, 2016, SAWS will use the following age policy to determine who is eligible for SB 75:

- Individuals who turn age 19 between May 2, 2016, through May 31, 2016 are considered to be age 18 for the month of May and will be transitioned to full scope Medi-Cal effective May 1, 2016.
 - As these children turn 19, and SB 75 no longer applies, notification will be sent to the county for review and redetermination of eligibility
- Individuals who turn age 19 on or before May 1, 2016, will be considered to be age 19 for the month of May and will not be eligible for full scope coverage under SB 75.



Transition Population – Managed Care Enrollment Process

DHCS will implement a managed care enrollment process for the transition population. The transition population will be eligible for:

COHS Counties:

- Fee-For-Service (FFS) full scope Medi-Cal during the transition month.
- Managed care enrollment notice identifying their COHS plan, sent following the SB 75 full scope determination.
- Managed care enrollment, effective the first of the month following the SB 75 full scope determination.



Transition Population – Managed Care Enrollment Process (Cont.)

Non-COHS Counties:

- FFS full scope Medi-Cal during the transition month and possibly up to the following two months.
- Managed care enrollment process, beginning the month of the full scope determination.
- Managed care enrollment notice, with MCP enrollment information, sent following the full scope determination. Health Care Options (HCO) contact information included. MCP enrollment can be done over the phone.
- Managed care HCO choice packet, mailed after enrollment notice. MCP enrollment can be done over the phone or after the completed choice packet is returned/received.



Transition Population – Fee for Service Enrollment Process

- Individuals turning 19 within six months of the transition date and who live in non-COHS counties will be enrolled into FFS full scope Medi-Cal.
 - These individuals are not required to enroll into a managed care health plan but will receive voluntary enrollment information as is the current process, and may enroll voluntarily.
- Individuals who live in non-COHS counties and have a share of cost or other health coverage will be enrolled into FFS full scope Medi-Cal.



Quality Assurance and Reporting Requirements

To ensure individuals under age 19 transition smoothly to full scope Medi-Cal, DHCS is developing tracking data reports from the Medi-Cal Eligibility Data System (MEDS) as follows:

- The month prior to the implementation date, DHCS will compile a data report, identifying eligible individuals under the age of 19 in restricted aid codes in MEDS.
- After SAWS complete their batch processes in the implementation month, DHCS will compile another data report, identifying eligible individuals under the age of 19 that transitioned into full scope aid codes in MEDS.



Quality Assurance and Reporting Requirements (Cont.)

- DHCS will reconcile the data reports to ensure that the identified individuals properly transitioned into full scope Medi-Cal.
 - DHCS will provide SAWS the reports to evaluate if individuals did not transition into full scope Medi-Cal.
- DHCS will run monthly MEDS reports identifying eligible individuals under the age of 19 who are in restricted aid codes.
 - DHCS will provide SAWS the reports to review the accuracy of the restricted aid code eligibility determination for these individuals.



Notices to New Enrollee and Transition Populations

All notices will be translated in the Medi-Cal 12 threshold languages:

- ***First Notice (General Information Notice)***
 - Beneficiary outreach letter to transition population with general information about new coverage, including benefits and managed care enrollment
- ***Second Notice (Notice of Action)***
 - For new enrollee and transition population informing the change in benefits and hearing rights
- ***Third Notice (Enrollment Notice)***
 - Managed care enrollment notice for eligible transition population
 - Separate notices for COHS and non COHS counties; dental information included



Non-COHS Counties Only: Health Care Options Choice Packets – New Enrollee and Transition Populations

- Medi-Cal HCO choice packets will be mailed to beneficiaries living in non-COHS counties and in their threshold languages.
 - Transition population will be mailed the HCO packets after they receive the third notice (Managed Care enrollment notice).
 - New enrollees will receive the HCO packets after applying and being determined eligible for full scope Medi-Cal.



Provider and Health Plan Updates

- DHCS will post a provider bulletin approximately 45 days prior to the transition date on the Medi-Cal Provider website.
 - Provider bulletin is available to FFS providers and will be shared with MCPs.

- DHCS will continue to update the MCPs through conference calls, webinars, and All Plan Letters.



Outreach with Foundations and Stakeholders

- DHCS, California Coverage & Health Initiatives (CCHI) and philanthropic foundations are implementing an outreach strategy to encourage enrollment into restricted Medi-Cal for eligible children that are currently in local children coverage programs.
- DHCS continues to collaborate with the Foundations to identify other areas where their support can help ensure the success of the expansion. Many families may not have been previously covered and will benefit from guidance and assistance on how to navigate their Medi-Cal managed care health plan.



Other SB 75 Resources

- The DHCS SB 75 webpage provides SB 75 publications and information, including frequently asked questions:

<http://dhcs.ca.gov/SB75>

- Please submit questions and/or feedback about SB 75 to the following:

SB75EligibilityandEnrollment@dhcs.ca.gov



Questions?

