

1115 WAIVER

CALIFORNIA'S BRIDGE TO REFORM

*Los Angeles County
Medicaid Coverage Expansion
Implementation*

April 2011

Medicaid Coverage Expansion (MCE)

- Funded by 50% County and 50% Federal funds
- Covers adults ages 19–64 years with incomes of 133% or less of the Federal Poverty Level (FPL), citizen/legal permanent residents 5+ years
- County may adjust FPL from 133% to 0% to align program size with available County funding
- County may establish enrollment caps to limit program to available County funds
- Requires implementation of patient waiting lists if enrollment caps are established

MCE Enrollment

- Target for FY 2011 /2012: 130,000
 - 58,000 currently active HWLA members grandfathered into program
 - 72,000 new members to be enrolled
- Initial focus on enrolling existing DHS/PPP patients (155,000 potentially eligible)
 - DHS/PPP patients on General Relief (50,000+)
 - Patients using both DHS and DMH services
- Target may increase in later years, depending on availability of funding
 - Expand enrollment to additional General Relief recipients, homeless, DMH high utilizer clients

MCE Eligibility Requirements

- Ages 19 to 64
- Proof of Income at or below 133% FPL
- U.S. Citizen or legal permanent resident 5+ years (original documents)
- Not eligible for Medi-Cal or other public coverage
- Resident of Los Angeles County

MCE Network Adequacy: Out-of-Network Emergency Services

- Coverage for out-of-network ED and post-stabilization care
- Coverage only for "true" emergencies
- Private EDs will receive payment for previously uncompensated care to the MCE population
- Patients cannot be billed for emergency services

MCE Network Adequacy: Geographic Access Standards

- Non-DHS hospitals (or transportation) will be required in three areas:
 - Antelope Valley
 - West LA
 - San Gabriel Valley
- Public Private Partner (PPP) community clinics will help ensure primary care coverage

MCE Network Adequacy: Timely Access Standards

- Primary care appointments within 30 business days initially, reducing to 20 days from 7/1/12 to 12/31/13
- Urgent care appointments within 48 hours
- Specialty care appointments within 30 business days
- After-hours consultation available 24/7

MCE Network Adequacy: Timely Access Standards (cont.)

- Primary care access
 - Empanel patients with primary care teams (6 pilots starting late February)
 - New county personnel item: Medical Evaluation Assistant (MEA) will allow other staff to work at “top of license”
 - Conduct staff trainings on medical home model and registry use
 - Implement Disease Management Registry in primary care medical homes

MCE Network Adequacy: Timely Access Standards (cont.)

- Specialty care decompression
 - Identify patients no longer requiring specialty care, and hand off to medical home provider
 - Develop standardized referral guidelines
 - Move to centralized referral process for more timely processing
 - Expand alternatives to face-to-face visits (e.g., telemedicine, telephone/email consults, etc.)
 - Work with affiliated medical schools to ensure DHS specialty care priorities are met

Major PPP Contract Changes

- All PPPs will participate in MCE (HWLA)
- HWLA enrollment & visits will not be capped
- Primary care access standards must be met
- PPPs will accept primary care referrals from DHS
- FQHC & FQHC look-alikes will be paid PPS rates for HWLA visits

MCE Behavioral Health Integration:

- Co-locate mental health services with primary care in DHS facilities
 - 2 sites already implemented; 4 more scheduled
- Implement depression screening and treatment by primary care providers in DHS facilities
- Additional integrated services under development

MCE Due Process Requirements:

- Applicants can appeal eligibility denials
- Members can file grievances regarding access to care, etc.
- Members have right to appeal grievance findings and right to hearing