Ready, Set, Enroll

February 2014 Update

Community Health Center Strategies to Facilitate Enrollment of Uninsured Patients into Coverage Under the Affordable Care Act

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Pacific Health Consulting Group

Table of Contents

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Meeting the Enrollment Challenge

Beginning on October 1, 2013, millions of Californians became newly eligible to apply for Medi-Cal and subsidized health insurance through Covered California (California's health insurance exchange). California's early enrollment experience has been characterized by significant interest among the population to learn about coverage options and enroll into new coverage. During the first three months of enrollment alone, at least 1.7 million Californians enrolled or are pending enrollment into Covered California and Medi-Cal[i].

As culturally competent and trusted community resources with significant experience supporting health insurance enrollment, community health centers (CHCs) are already playing a central role educating and enrolling thousands of uninsured Californians into coverage.

In September 2013, Blue Shield of California Foundation funded a report by Pacific Health Consulting Group highlighting strategies and best practices for CHCs to enroll uninsured patients into coverage (Ready, Set, Enroll: Community Health Center Strategies to Facilitate Enrollment of Uninsured Patients into Coverage Under the Affordable Care Act). As a complement to this report, Blue Shield of California Foundation is supporting quarterly updates describing enrollment trends, changes in California enrollment policy, CHC enrollment experiences, early enrollment innovations and best practices among California CHCs.

California Enrollment Trends

Under the Affordable Care Act (ACA), an estimated 3.36 million uninsured Californians are eligible for subsidized insurance coverage. This includes as many as 1.76 million Californians who are eligible for Medi-Cal and 1.6 million who are eligible for subsidies through Covered California[ii].

Strong Initial Enrollment. California's early enrollment experience has highlighted significant interest among uninsured residents in obtaining health insurance coverage. Between October 1 and December 31, 2013, there were 771,088 applications completed on behalf of 1,456,909 individuals (including Medi-Cal) via Covered California[iii]. In total, 500,108 individuals were enrolled in a Covered California qualified health plan and 584,000 individuals were assessed as eligible for Medi-Cal (final determinations are pending with the counties). Another 630,000 Low Income Health Program (LIHP) members transitioned administratively into Medi-Cal at the end of December 2013.

Importantly, these numbers do not include additional Medi-Cal enrollments completed by county eligibility workers using county enrollment systems. The Department of Health Care Services (DHCS) is working with counties to compile this data and expects to provide quarterly enrollment reports beginning in April or May 2014.

Table 1. Covered California and Medi-Cal Enrollment: October 1 through December 31, 2013

Application and Enrollment	Applications	Individuals
Completed applications through Covered California (including Medi-Cal)	771,008	1,456,909
Enrollments into a Covered California health plan	-	500,108*
Medi-Cal applications (including pending and conditionally eligible. This figure does not include Medi-Cal applications via county social services offices)	-	584,000
Medi-Cal transitions from the Low Income Health Program	-	630,000

**85% (424,936) of Covered California enrollees were eligible for premium subsidies*

Varied Success Among Different Ages and Ethnic Groups. Covered California reported that the three-month total enrollment numbers represent 86% of the target projection for the full six-month open enrollment period that continues through March 31, 2014. At this enrollment mid-point, most California regions are already nearing six-month enrollment projections even though enrollment performance lags in some regions, such as the San Joaquin Valley and the inland counties of San Bernardino and Riverside, among others[iv].

Enrollments of Latinos and African-Americans are below targets while all other racial/ethnic groups are near or have exceeded enrollment projections. Through December 31, 2013, almost 20% of Covered California enrollees indicated they are of Hispanic, Latino or Spanish origin[v]. Latinos represent over 60% of California's uninsured[vi].

Enrollment for children under 18 and adults over 45 has already exceeded the six-month enrollment projections. Enrollment among young adults aged 18-34 has lagged somewhat as a percentage of total enrollment compared to other age groups. Young adults aged 18-34 accounted for 25% of total Covered California enrollments. This age group represents 36% of uninsured residents eligible for subsidies[vii].

Covered California has highlighted young adults, Latinos and African-Americans as enrollment priorities during the final two months of open enrollment. Furthermore, Covered California plans to expand marketing in Los Angeles, the Inland Empire and the Central Valley.

Certified Enrollment Entity and Counselor Trends. During the period of October 1 – December 31, 2014, there were 23,568 county eligibility workers, insurance agents and Certified Enrollment Counselors (CECs) trained and authorized to provide enrollment support. An estimated 60% of CECs speak Spanish and another 10% speak Cantonese, Mandarin, Korean or Vietnamese.

In the coming months, Covered California will expand CEC capacity in highly populated areas and offer additional support and tools for use in the field, such as enrollment resource guides and other materials. Covered California also recently launched a dedicated support line for CECs to obtain timely responses to eligibility questions, receive status updates on paper applications and learn about general CalHEERS errors. Additionally, Covered California is actively soliciting input from CECs on how to most effectively provide outreach and enrollment support resources during the final two months of open enrollment.

Table 2. Enrollment Assistance Program (through 12/31/2013)

Enrollment Assistance Program	Certified or Authorized to Enroll	Certification in Progress
Enrollment entities (CEEs)	663	84
Enrollment counselors (CECs)	3,311	2,782
Insurance agents	9,622	10,670
County eligibility workers	10,725	-
Total:	**23,568**	**13,452**

Major Role for Community Health Centers and Clinics. Early data also highlights the central role that community health centers and clinics have played in enrollment. According to Covered California, 37% of all CECs in California are located in community health centers and clinics. Further, 66% of community health center and clinic CECs speak Spanish and 10% speak Cantonese, Mandarin, Korean or Vietnamese. In California, 125 community health centers received grants from the Health Resources and Services Administration (HRSA) to expand outreach and enrollment staffing and activities. According to self-reported data provided to the California Primary Care Association (CPCA), California community health center grantees trained 1,109 CECs between October 1 and December 31, 2013. These grantees reported assisting 280,626 individuals and submitting 70,498 applications during this period.

Early Community Health Center Enrollment Experiences

California community health centers (CHCs) are playing an essential role in assisting and enrolling uninsured residents into coverage under the Affordable Care Act coverage expansion. As with previous health coverage expansions, CHCs have dedicated significant resources to educating residents about coverage options and providing individualized enrollment support services. Additionally, CHCs and regional clinic consortia have developed an important role in training Certified Enrollment Counselors (CECs) and facilitating policy clarifications and enrollment workflow/ system improvements.

The following section highlights efforts and innovative practices among three CHCs/regional consortia in the Los Angeles area, Central Valley and the Bay Area. However, the CHCs also highlighted several shared experiences and trends that are worth exploring briefly.

High Demand for Enrollment Support. Each of the interviewed CHCs reported higher than anticipated demand for enrollment support services at their facilities. In most instances, CHCs reported that the number of enrollment appointments completed at their facilities more than doubled in November and December as compared to prior periods. In one case, a CHC shared that they had exceeded 80% of their annual enrollment goal during the first three months of enrollment. As a consequence, CHCs are struggling with maintaining timely access to enrollment appointments.

Unanticipated Demand for Covered California Enrollment Support. Extensive advertising, media attention, referrals by Covered California operator staff and the listing of CHCs as enrollment sites on the Covered California website appears to have generated a much higher level of inquiries from non-patient community members than expected. Though most CHC patients are eligible for Medi-Cal, non-patient community members are more likely to be eligible for Covered

California. Some CHCs report an increasing proportion of enrollment appointments being dedicated to Covered California enrollments as opposed to Medi-Cal.

Positive Impact on Medi-Cal Enrollment. Early feedback from CHCs suggests that the extensive media attention to Covered California has also driven increased interest in Medi-Cal. CHC interviewees heavily promoted the Low Income Health Program (LIHP) enrollment during the last four to six months of 2013 and emphasized to patients that they would automatically transition into Medi-Cal. Many CHCs experienced strong increases in LIHP enrollment during this period. Additionally, more patients already eligible for Medi-Cal appear to be seeking out enrollment support.

Innovative Partnerships. All of the CHCs/consortia highlighted below noted the creation of new enrollment partnerships and a renewed willingness among other health care stakeholders to partner. This includes enrollment staff located on hospital campuses, collaborative outreach and workflow improvement activities with county departments and a collaborative community enrollment campaign with a local Medi-Cal managed care plan.

CEC Master Trainers. The California Primary Care Association (CPCA) successfully advocated for regional clinic consortia and CHCs to be able to train CECs at local CHCs. By serving as "Master Trainers," regional consortia and CHCs have played an important role in training CECs and resolving early implementation challenges. In addition to training significant numbers of CECs, Master Trainers commonly report developing supplemental content/trainings on Medi-Cal, indigent programs and the intersection with Covered California. Many Master Trainers have also facilitated the coordinated collection, reporting and resolution of policy issues, system challenges and other implementation issues.

New Patient Needs. Supporting enrollment into Covered California presents new service challenges for CECs. Rather than simply facilitating patient applications and collecting income and residency information, CECs are being asked to educate applicants about health plan options, cost sharing components (e.g. deductibles, out-of-pocket maximums) and other health insurance features.

Uncertain Future Demand. On March 31, 2014 open enrollment for Covered California will close. However, uninsured individuals can continue to enroll in Medi-Cal on an ongoing basis. Although recent demand has surged, CHCs are uncertain about how demand for enrollment services will change following the close of Covered California open enrollment. For this reason, CHCs are wrestling with how best to "staff up" for current demand without over-staffing for the long-term.

Looking Forward to Retention and Utilization. CHCs have also recognized that the significant increase in Medi-Cal caseloads necessitates improvements in retention activities and outcomes, as well as the exploration of partnerships with county social service agencies. Additionally, CHCs are also challenged with ensuring that newly enrolled patients utilize services and have timely access to care.

Spotlight: Clinica Sierra Vista

Building Capacity to Respond to Community Demand

About Clinica Sierra Vista

Clinica Sierra Vista (Clinica) serves over 150,000 patients at 33 facilities in Kern, Fresno and Inyo Counties. As one of the largest health care providers and certified enrollment entities (CEE) in the southern Joaquin Valley, Clinica has taken on a significant role in enrolling residents into health insurance coverage. In just three months of enrollment, Clinica already exceeded 80% of its enrollment goal for the entire year – they assisted over 18,000 individuals with Medi-Cal and Covered California enrollment between late October and the end of December.

Meeting the Demand

Building on over 20 years of experience providing enrollment support services to uninsured patients, Clinica quickly ramped up staffing to support enrollment in Covered California and expanded Medi-Cal. In all, 46 CECs were trained and began providing enrollment assistance in late October 2013. Hiring additional staff has allowed Clinica to place at least one CEC at each facility and pursue uniform screening and enrollment processes at all of their facilities.

According to Clinica staff, patient and community interest was generated primarily by external media activities. Intensive media during the first few months of enrollment, including Spanish language advertising and featured news stories on Clinica, established Clinica as “the place to come for enrollment” and generated significant enrollment demand among both patients and community members. According to staff, demand for enrollment appointments has more than doubled since ACA coverage expansion. After an initial rush in Medi-Cal and Low Income Health Program (LIHP) applications, Clinica saw an increase in Covered California enrollments. In fact, Clinica now sees about as much demand for Covered California enrollments as for Medi-Cal.

Call Center

In addition to adding CEC staff, Clinica has explored other strategies to accommodate the more than doubling of demand for enrollment services including expanded evening and weekend hours, community outreach/enrollment activities and changes in call center services. Many Clinica facilities are linked by a centralized call center. New call center staff have been hired to conduct pre-screening for uninsured patients over the phone and direct them to CECs at the closest location. Additionally, they have created a toll-free number that patients can call rather than go through the main appointment line.

Hospital Based Enrollment Services

Although Clinica has engaged in a number of community outreach efforts, its most productive partnership thus far has been with Community Regional Medical Center in Fresno. Uninsured hospital patients are referred to a service trailer adjacent to the hospital for enrollment services, which is staffed by several full-time Clinica CECs. Thus far, the vast majority of patients have qualified for Medi-Cal. The partnership has been so successful and the demand so high that Clinica has redirected some CECs from other outreach efforts to the hospital.

Investing in Innovative Community Partnerships

About Community Health Alliance of Pasadena

Community Health Alliance of Pasadena (ChapCare) serves more than 15,000 low-income patients at five health centers in the San Gabriel Valley region of Los Angeles. In addition to enrolling existing patients, ChapCare has designed an ambitious strategy to educate and enroll the broader community into coverage that includes community enrollment events, a collaborative local initiative and the use of new screening tools and technology.

Community Enrollment Events

In partnership with community agencies and LA Care Health Plan, ChapCare has enrolled close to 200 residents at five community enrollment events with several more upcoming. ChapCare found that partnering with licensed insurance agents has allowed them to enroll more individuals during the events and significantly decrease the time needed to complete an application.

After a preliminary screening, event attendees that are eligible for Medi-Cal or the county indigent program are directed to ChapCare CECs to complete enrollment. Those that are eligible for Covered California sit down with a licensed insurance agent (contracted with LA Care Health Plan). ChapCare has found that licensed insurance agents can complete Covered California enrollments in about 35 minutes compared to 90 minutes for a ChapCare CEC since insurance agents have more experience guiding applicants through common questions about coverage options, share of cost issues and health plan selection. Based on this success, ChapCare is exploring options to partner with licensed insurance agents to relieve some of the demand for enrollment appointments at their health centers.

Cover LA Community Partnership

In partnership with LA Care Health Plan and several other health centers, ChapCare recently launched “Cover LA,” a county-wide initiative to educate residents about coverage options and provide convenient enrollment alternatives. Video advertisements have begun running on public buses throughout Los Angeles County. The videos encourage residents to explore coverage options and promote the Cover LA website (www.mycoverla.com) and call center.

The Covered LA website includes a simple screening tool that residents can use to understand coverage options (including the county indigent program for undocumented residents). It also includes a contact page with the call center number, an email inquiry option and a listing of enrollment events by zip code. The centralized call center is available as an alternative for residents to ask questions or start the enrollment process. Operators are trained as CECs and can begin Medi-Cal and Covered California applications over the phone. Those residents that want in-person support (or only qualify for the county indigent program) are referred to community health centers or enrollment centers in their area. The call center also follows up individually with those residents that submit email inquiries. During the initial launch, the call center has also experienced a high volume of inquiries by residents who have completed the application online but have a few questions they need answered before they submit.

Additional efforts are also being planned under the Covered LA umbrella, including the piloting of new enrollment centers (ChapCare recently opened a retail health insurance enrollment shop in Pasadena), addition of new enrollment partners and further development of the website.

PointCare Screening Tool

ChapCare and Cover LA are using a new web-based tool called PointCare to screen patients for eligibility. PointCare screens patients for coverage eligibility (including the county indigent program) based on five basic questions and lists the programs that patients are eligible for and materials needed to complete the application. CECs are then able to utilize the system as an electronic file/patient record that can be stored or provided to the applicant. CECs can scan and upload application materials and print or email the information to the patient.

Spotlight: Alameda Health Consortium

Leading a Coordinated Community Enrollment Strategy

About Alameda Health Consortium

Alameda Health Consortium (AHC) is the regional association for community health centers in Alameda County. AHC provides training, technical assistance and advocacy support to eight community health centers serving 175,000 patients across 70 sites. AHC has an established eligibility and enrollment department that has supported enrollment efforts across the health centers for several years. During ACA coverage expansion, AHC has played a central role in training health center staff, addressing early implementation challenges and leading a coordinated enrollment.

Training and Technical Assistance

AHC has served as a "Master Trainer" for Covered California CECs. Over the previous four months, AHC has trained 126 health center staff members as CECs. Importantly, AHC recognized a need to incorporate additional training on Medi-Cal and the county indigent program into CEC trainings, which were heavily focused on Covered California. AHC has developed training content focused specifically on Medi-Cal and has played a key role in securing answers to Medi-Cal policy and workflow issues.

In addition, AHC has provided ongoing technical assistance to health centers. AHC has served as a clearinghouse for the many early policy and operational questions and has taken a lead role in securing answers from the county Social Services Agency, Covered California and California Primary Care Association. Responses are regularly shared with health center staff. Additionally, AHC has held monthly staff meetings on enrollment to exchange best practices and discuss open issues.

County Partnership to Enroll Target Populations

Building on a strong history of collaboration, AHC has partnered with the county Social Services Agency and Health Care Services Agency to target discrete uninsured populations in the county, including:

- Health Care Coverage Initiative (HCCI) enrollees above 133% of the Federal Poverty Level (Covered California or Medi-Cal eligible)
- Residents previously enrolled in Medi-Cal Share of Cost (Covered California and Medi-Cal eligible), and;
- Legal permanent residents (LPRs) with less than five years residency enrolled in the Low Income Health Program (Medi-Cal eligible).

The appropriate county department provides patient lists in the above categories segmented by assigned/utilized health center. In turn, individual health centers are asked to conduct direct outreach with their patients, including mailings, outreach calls and other efforts. The approach has allowed Alameda County to collectively prioritize populations, coordinate activities and leverage the strengths of various partners.

Looking Forward: Retention

AHC, partner health centers and the county Social Services Agency are already examining strategies to ensure retention of newly enrolled individuals in coverage. According to AHC, Medi-Cal caseloads are expected to triple in Alameda and high retention will be essential to efficiently manage this increase. AHC and the county Social Services Agency are exploring initiatives to increase retention rates, including enabling health centers to take on additional redetermination responsibilities.

California Eligibility and Enrollment Policy Updates

Since enrollment began in October 2013, there have been several important policy updates and clarifications affecting CHC enrollment and eligibility. This section briefly discusses eligibility and enrollment policy issues of particular importance to CHCs.

Mixed Immigration Status Families. Families and households with mixed immigration status members (i.e. citizens, legal residents, undocumented) face unique challenges in understanding and applying for coverage. Immigrant eligibility for insurance coverage is a complicated patchwork of pre-ACA federal and state rules as well as newly expanded coverage and eligibility rules due to the ACA. An overview of coverage eligibility for different immigrant categories is provided below:

- **Legal Residents (present more than five years)** – Individuals in this category are eligible for Medi-Cal and Covered California subsidies according to the same income, residency and other requirements as citizens.

- **Legal Residents (present less than five years)** – Children aged 0-19 in this category are eligible for Medi-Cal and Covered California subsidies according to the same income, residency and other requirements as other legal residents/citizens. Although all adult legal residents present less than five years under 400% FPL are eligible for subsidized coverage through Covered California, eligibility for Medi-Cal depends on dependent children.
    - Adult legal residents present less than five years **with dependent children** that meet Medi-Cal income (0-138% FPL) and California residency requirements are eligible for Medi-Cal.

    - Adult legal residents present less than five years **without dependent children** and with income 0-138% FPL will be eligible for Covered California with an affordability "wrap" whereby the state pays their premium and cost-sharing obligations. This group will also be entitled to a benefits "wrap" whereby they receive benefits and services offered by Medi-Cal that may not be provided by their Covered California Qualified Health Plan. *However, since the state will not have the affordability and benefits wrap functional until mid-2014 (anticipated April 2014), legal residents that fall into this category will remain eligible for Medi-Cal until such enrollment opportunities arise.*

- **Permanently Residing Under Color of Law (PRUCOL)** – Under PRUCOL status, federal immigration authorities know of the immigrant's presence but do not plan to remove him or her from the country. Individuals in this category are not eligible to purchase coverage through Covered California or receive subsidies. However, PRUCOL individuals are eligible under California law for full-scope Medi-Cal if they meet the income, residency and other requirements.

- **Deferred Action for Childhood Arrivals (DACA)** – DACA provides temporary relief from deportation for young undocumented immigrants meeting specific requirements. The program lasts for two years at a time, and may be renewed. DACA designees are not eligible to purchase coverage through Covered California but they are eligible for full-scope Medi-Cal under the PRUCOL eligibility category. DACA and PRUCOL individuals are exempt from the ACA's individual mandate.

- **Other Immigrant Categories** – There are other immigrants who are eligible to receive full-scope Medi-Cal if they meet all income, California residency and other eligibility requirements. These include asylees/refugees, Cuban and Haitian entrants, certain battered spouses and children, victims of trafficking, individuals granted conditional entry, individuals granted withholding of deportation/removal, and individuals paroled into the United States for at least one year.

- **Undocumented Residents** – Undocumented children and adults are not eligible for either Covered California or full-scope Medi-Cal. However, undocumented residents remain eligible for restricted or pregnancy-only Medi-Cal benefits as shown below in Table 3. Furthermore, undocumented residents remain eligible for the Child Health and Disability Prevention (CHDP) program, Access for Infants and Mothers (AIM) and the Family Planning Access, Care and Treatment (FPACT) program. Undocumented residents may also be eligible for additional health services through county indigent programs, though these services vary across the state and not all indigent program services are available to undocumented residents.

Table 3. Medi-Cal Coverage for Undocumented Residents

Population	Federal Poverty Level	Benefits
Pregnant women	0 – 213%	Pregnancy-only services
Children 0 – 19 years old	0 – 266%	Restricted to emergency services
Adults 20 – 64 years old	0 – 138%	

- **Undocumented Parents with Legal Children** – Although undocumented parents are not eligible for full scope Medi-Cal or Covered California, they may purchase coverage through Covered California or apply for Medi-Cal on behalf of their legal children.
    - Social Security Numbers (SSN) or Alien Numbers (AN) are only required for those persons applying for full-scope Medi-Cal or Covered California coverage. A family member without an SSN or AN can complete the application on behalf of others.
    - Undocumented parents who file taxes are eligible for premium tax credits and subsidies on behalf of their legal children.
    - In mixed immigration status households, those individuals not considered "lawfully present" will not be counted in the household/family size and the household income will be reduced using a formula created by the ACA.
    - Information included in applications can ONLY be used to determine eligibility for an insurance affordability program and CANNOT be shared with any immigration or law enforcement agency.

CalHEERS Functionality, Interfaces and Electronic Verification. The online application portal, or California Healthcare Eligibility, Enrollment & Retention System (CalHEERS) was designed to be a single streamlined application for Covered California and Medi-Cal. The design anticipated adding enhanced functionality and application improvements over time and several planned interfaces with other county, state and federal data systems. The planned interface between CalHEERS and the three State Automated Welfare Systems (SAWS) used by counties for Medi-Cal enrollment became operational in January 2014. This interface allows for the transfer of application, eligibility and verification data between CalHEERS and the three county SAWS. This

critical interface is intended to streamline the application experience for Medi-Cal applicants and prevent complicated workflows for CECs and county eligibility workers. Table 4 below lists key functionality and an update on operational status.

Table 4. CalHEERS Functionality and Launch Dates

Functionality	Launch Date	
	Planned	Updated
Federal Data Services Hub interface	October 1, 2013	Operational
CalHEERS – SAWS interfaces	January 1, 2014	Operational
Electronic residency verification using state databases	TBD 2014	Q1 2014
Medi-Cal Managed Care Health Plan selection	April 1, 2014	Q2 2014
Online renewals and appeals	Q3 2014	Q3 2014
Online application improvements	Q3 2014	Q3 2014
Additional language translations	Q3 2014	Q3 2014
Mobile application	Q4 2014	Q4 2014

Low Income Health Program (LIHP). The Department of Health Care Services (DHCS) administratively transferred 630,000 LIHP enrollees into Medi-Cal on December 31, 2013. About 24,000 additional LIHP enrollees had income too high to qualify for Medi-Cal but were connected with Covered California to apply for tax subsidies and enroll in coverage. With an administrative transfer of this magnitude and complexity, there were numerous logistical and technical challenges, and some outstanding issues for beneficiaries and providers remain:

- **Medical home assignment and health plan selection confusion** – Many LIHP enrollees in eleven counties received incorrect information about the availability of their medical home in managed care networks. Though the information was corrected, CHCs may want to work with the local Medi-Cal managed care plans in their county to verify plan enrollment and medical home selections.

- **Medi-Cal eligibility verification delayed** – Some individuals enrolled into LIHP in late December experienced a delay in their eligibility transfer into the Medi-Cal Eligibility Data System (MEDS) and Benefits Identification Card (BIC) issuance. At trainings in late 2013, DHCS provided guidance to providers on how to verify Medi-Cal eligibility in the absence of BIC cards using point-of-service devices or other systems. Medi-Cal eligibility is retroactive to January 1, 2014 for those LIHP enrollees whose transition into MEDS is delayed. For those new beneficiaries whose eligibility can be verified, but who have not yet selected or been assigned to a managed care plan, they will have Medi-Cal Fee-for-Service coverage. For support with on-going Medi-Cal eligibility issues, clinics are encouraged to work with their local county social services agency.

- **Continuity of care challenges** – While all new Medi-Cal beneficiaries from LIHP programs will receive full-scope benefits, many will have to navigate new plans, provider networks, referral authorizations, and pharmacy formularies. CHCs should encourage new Medi-Cal beneficiaries to use health plan member handbooks and customer service resources to understand and use their new plans' services. Finally,

beneficiaries have the right to request from their managed care plan, twelve months of continuity of care, with a specialist or primary care provider from whom they were receiving treatment, before joining the managed care plan.

Medi-Cal Income Eligibility Threshold Conversions. The ACA requires the use of the Modified Adjusted Gross Income (MAGI) rule to determine income eligibility for coverage. Each state converted previous income eligibility thresholds to this MAGI standard, often resulting in new income eligibility thresholds for some Medicaid population categories. In California, this conversion from old Medi-Cal income counting rules to MAGI resulted in higher income thresholds for pregnant women and children, as shown in Table 5. A detailed description of new "converted" income eligibility thresholds can be found on the DHCS website.

Table 5. Medi-Cal Income Eligibility Thresholds by Population Category

Population Category	Federal Poverty Level
Pregnant women (full scope of benefits)	0 – 60%
Pregnant women (pregnancy-only benefits)	61 – 213%
Children 0 – 19 years old	0 – 266%
Adults 20 – 64 years old	0 – 138%

Pregnant Women. Assembly Bill 50, which had proposed providing full scope Medi-Cal benefits to pregnant women up to 100% of the Federal Poverty Level, was vetoed by Governor Brown in October 2013. However, the income eligibility thresholds for pregnant women's coverage have changed due to the ACA's required use of the Modified Adjusted Gross Income (MAGI) rule as shown above in Table 2. For a more detailed description of pregnancy eligibility and benefits, see health care reform resources on the County Welfare Directors Association website.

Conclusion

Initial enrollment trends, and the central role that community health centers (CHCs) are playing in enrolling uninsured patients into coverage, highlight an encouraging start to coverage expansion in California under the Affordable Care Act. CHCs have already invested in significant development of education and enrollment support services for existing patients *and* the broader community; spearheaded innovative partnerships with managed care plans, hospitals, and county agencies, among others, and; played a leadership role in improving enrollment systems and pathways.

Moving forward, CHCs will be challenged to lead the way in advocating for continual improvement in the patient enrollment experience and systems, as well as pioneering enrollment support approaches that meet the full range of patient needs. Emerging challenges include:

- Identifying and advocating for improvements in CalHEERS and county enrollment systems and pathways;
- Ensuring continual Medi-Cal enrollment following the end of Covered California open enrollment;
- Establishing a permanent enrollment support infrastructure beyond the initial open enrollment period, and;
- Building enrollment services that support patient education about health insurance, coverage retention and timely utilization of health care services.

Representing more than one-third of Certified Enrollment Counselors (CECs) in California, community health centers are poised to play a continuing leadership role in enrollment support across California. The extent to which community health centers can pioneer innovations in enrollment support services and propel improvements in enrollment pathways will play a large role in both decreasing the number of California's uninsured and strengthening the financial viability of health centers to expand care to new populations.

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[i] Laurel Lucia, Ken Jacobs, Miranda Dietz, Dave Graham-Squire, Nadereh Pourat and Dylan H. Roby. UC Berkeley Center for Labor Research and Education, UCLA Center for Health Policy Research. *"After Millions of Californians Gain Health Coverage under the Affordable Care Act, who will Remain Uninsured?"* (September 2012). http://laborcenter.berkeley.edu/healthcare/aca_uninsured.shtml

[ii] Ibid.

[iii] Covered California. Milestone Enrollment Numbers Released By Covered California and Department of Health Care Services. Press Release. January 21, 2014. http://coveredcanews.blogspot.com/2014/01/milestone-enrollment-numbers-released.html

[iv] Covered California. Executive Director's Report. January 23, 2014 Board Meeting. http://www.healthexchange.ca.gov/BoardMeetings/Documents/January%2023,%202014/PPT%20%20Executive%20Director%27s%20Report_January%2023%202014.pdf

[v] Ibid.

[vi] Laurel Lucia, Ken Jacobs, Miranda Dietz, Dave Graham-Squire, Nadereh Pourat and Dylan H. Roby. UC Berkeley Center for Labor Research and Education, UCLA Center for Health Policy Research. *"After Millions of Californians Gain Health Coverage under the Affordable Care Act, who will Remain Uninsured?"* (September 2012).

[vii] Covered California. Milestone Enrollment Numbers Released By Covered California and Department of Health Care Services. Press Release. January 21, 2014. http://coveredcanews.blogspot.com/2014/01/milestone-enrollment-numbers-released.html