

The Central Coast region includes Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz and Ventura Counties. Topics covered in the Central Coast Regional Workgroup included implementation of federal reform (perceived county challenges, expansion of Medicaid for the MIAs, and the undocumented), important decision areas (the Exchange and the High Risk Pool), and the §1115 Waiver. Workgroup participants provided overviews of topics and shared their thoughts, concerns, and suggestions.

## **Implementation of Federal Reform**

### *Perceived County Challenges*

Representatives from Santa Cruz, Santa Barbara and San Luis Obispo shared county-level concerns regarding the transition to federal reform and how their counties will fare after 2014. The main concerns revolve around workforce capacity (i.e. Santa Cruz estimates adding 40,000+ members to the system, Santa Barbara is anticipating services for the aging baby boomer population), successfully utilizing CIs to transition to federal reform, slowing the rise of costs, ACOs, local plan participation the Exchange (can local plans compete with commercial plans? Do they have the resources available? Both CenCal Health and Central California Alliance for Health are open to participating), and the future of the undocumented (what will be the future of programs that serve this population?). CenCal Health and Central California Alliance for Health identified changes they will need to make to be viable under reform. Counties feel that there must be a focus on cost management and communication across county lines.

### *The Undocumented*

Undocumented individuals will not be eligible to purchase coverage or receive subsidies through the Exchange, but will still be eligible for restricted scope benefits in Med-Cal. Immigrants who have been residents for less than five years (“new legals”) are eligible for full coverage in the Exchange and for federal matching for restricted scope benefits under Medicaid. The state covers the full scope. There are pilot programs in Santa Cruz to make coverage more accessible for farm workers. Santa Barbara has private provider clinics that were contracted to provide care to farm workers on site. Counties believe there must be a strong relationship between emergency rooms and community clinics to better coordinate care for this population.

## **Important Decision Areas**

### *The Exchange*

The government will define minimum essential benefits and the state must pay for any benefits offered beyond the minimum. Currently, we know that oral health for adults will not be included as a benefit, but there might be an option to ask the government for matching payments in the future. Participants feel that not offering dental benefits will cost the system more in the long run and also deter parents from taking their children to the dentist even though their children’s dental care is covered. The Exchange will cover mental health services and substance abuse, either as a carve-out or part of a plan.

### *The High Risk Pool*

California’s current High Risk Pool, MRMIP, costs \$30-\$40M and premiums are set at 125% of those of the private market. California decided to start a new, statewide High Risk Pool for individuals with pre-existing conditions who have been uninsured for 6+ months. Premiums will be set at 100% of the premiums of private, individual coverage with no annual or lifetime limits. California will receive \$761M for this program. There are 23,000 spots available in California.

## **§1115 Waiver**

### *Care Coordination*

The waiver will coordinate the currently fragmented care for CCS beneficiaries. Currently, some managed care plans are not CCS approved and mental health is not included. Santa Cruz supports CCS integration with public Medi-Cal plans to better coordinate services for patients and providers. There is also lack of care coordination for Medi-Medis and participants feel that only one entity should coordinate all care for this population.

*Expansion of Medicaid for the MIAs*

Participants see the waiver as an opportunity to get MIAs into managed care early through Medi-Cal. Since many county structures are built around reactive care, the waiver offers an opportunity to create comprehensive and preventive coverage. Central Coast counties are unsure if they can live within their means without cutting back on services such as mental health and disease management under the waiver.

Community clinics receive EAPC and FamilyPACT money from the state that is matchable under the waiver. Other funding limitations might determine whether counties want to include community clinics in the waiver. The topic has not yet been explored in the Central Coast, but administrative efficiency would be a potential benefit to partnering with clinics. Public hospitals will need to compete for patients in order to stay fiscally viable and have considered going private, but are unsure if they have high enough reimbursements. Since the private sector might not take patients, there will still be a role for clinics and community health centers.