

SB 75 Full Scope Medi-Cal for Children

SF Health Network - Community Behavioral Health Services

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Senate Bill 75

Welfare & Institutions Code, Section 14007.8

- ▶ Provides Full-scope Medi-Cal benefits to Individuals who are under Age 19 and who do not have, or are unable to establish, satisfactory immigration status.
- ▶ Implementation started in May, 2016

SB 75

ALL children, regardless of immigration status, with family incomes of 0-266% FPL are now eligible for full-scope Medi-Cal

SB75

Medi-Cal Benefits

- ▶ Primary care
- ▶ Vision care - including glasses for children
- ▶ Dental care
- ▶ Mental Health benefits - Mild to Moderate
- ▶ Specialty MH through the County MHP

Impacted Individuals

▶ Transition Population

= Clients under age 19 who have Restricted Medi-Cal
also known as “Emergency Medi-Cal”

▶ New Enrollee population

= Clients under age 19 who are eligible for Medi-Cal but are not
yet enrolled due to an Unsatisfactory immigration status

Transition Population

- ▶ Statewide 120,000 Restricted Medi-Cal beneficiaries will be transitioned to Full-Scope Medi-Cal
- ▶ Beneficiaries' Medi-Cal Aid Codes will crosswalk to a new or existing Aid Code upon implementation
- ▶ 3 Notices sent by DHCS in Responsible County's Threshold Languages
 - ▶ Information about the SB75 provisions, Medi-Cal information, Frequently Asked Questions
 - ▶ Notice of Action indicating their change in benefits from Restricted to Full Scope Medi-Cal
 - ▶ Health Plan enrollment packet

Restricted MC to Full-scope MC

- ▶ Children who are active and enrolled in Restricted Medi-Cal will be transitioned to full-scope Medi-Cal with full-scope coverage effective 5/1/16
- ▶ Children turning 19 in the next six months will remain in FFS Medi-Cal

SFHP - Healthy Kids

1,300 current HK enrollees will transition to Medi-Cal

- ▶ SFHP working with HSA during the month of June, 2016
- ▶ 500 will remain in SFHP Healthy Kids due to family incomes greater than 266% FPL

Children enrolled in Healthy Kids will have a minimum of 3 months overlap in coverage before they are disenrolled from SFHP

- ▶ earliest HK Termination date will be 7/31/16

SFHP estimates 600 to 800 Children who are not enrolled in Healthy Kids will be newly enrolled in Medi-Cal in San Francisco

Starting 5/16/16, new and renewing HK members with incomes 0-266%FPL who are eligible for full-scope Medi-Cal are not eligible for Healthy Kids

New Enrollee Population

- ▶ Clients may be enrolled in other health programs
 - ▶ Uninsured or unable to afford Covered CA premiums
 - ▶ Never enrolled in Medi-Cal or other health programs
 - ▶ Previously did not apply for MC benefits due to undocumented immigration status
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- ▶ Immigration status no longer matters!

SB75 - New Enrollee Population

Need to apply for Medi-Cal benefits!!

Enroll in person, over the phone or by mail

Submit an application online at www.coveredca.com

Medi-Cal Eligibility

Family Income of 0 to 266% of the Federal Poverty Level (FPL) are eligible for Medi-Cal benefits.

FPL depends on family size

FPL is currently at \$11,880 for an Individual, \$16,020 for a family of 2, and \$24,300 for a family of 4

Family Incomes > 160% FPL pay a Medi-Cal Premium

Family of 3, monthly income of \$2,679

Family of 4, monthly income of \$3,234



Income Guidelines

use through October 2016

You may be eligible for Medi-Cal or Low-Income Health Plan.

Whether you qualify for financial assistance depends on your household income and family size. See the charts below to help determine if you qualify for financial help.

This chart is the Federal Poverty Level Guidelines for the 2016 Benefit Year. View the chart to help determine if you qualify.

Program Eligibility by Federal Poverty Level (FPL) for 2016 Coverage Year													
Household Size	Eligible for Premium Tax Credit (PTC) ($\geq 100\%$ to $\leq 400\%$)												
	MAGI Medi-Cal for Children under Age 19 ($\leq 266\%$) (No PTC)								County Children's Health Initiative Program (C-CHIP) ($> 266\%$ to $\leq 322\%$) (No PTC)				
	MAGI Medi-Cal for Pregnant Women (M9) ($> 138\%$ to $\leq 213\%$) (No PTC)				Medi-Cal Access Program (MCAP) ($> 213\%$ to $\leq 322\%$) (No PTC)								
	Enhanced Silver Benefits (Cost-Sharing Reduction)												
	94%	94% ($\geq 100\%$ to $\leq 150\%$)			87% ($> 150\%$ to $\leq 200\%$)		73% ($> 200\%$ to $\leq 250\%$)						
100%	$\leq 138\%$	$> 138\%$	150%	200%	$\leq 213\%$	$> 213\%$	250%	$\leq 266\%$	$> 266\%$	300%	$\leq 322\%$	400%	
1	\$11,770	\$16,394	\$16,395	\$17,655	\$23,540	\$25,304	\$25,305	\$29,425	\$31,600	\$31,601	\$35,310	\$38,253	\$47,080
2	\$15,930	\$22,107	\$22,108	\$23,895	\$31,860	\$34,122	\$34,123	\$39,825	\$42,613	\$42,614	\$47,790	\$51,584	\$63,720
3	\$20,090	\$27,820	\$27,821	\$30,135	\$40,180	\$42,940	\$42,941	\$50,225	\$53,625	\$53,626	\$60,270	\$64,915	\$80,360
4	\$24,250	\$33,534	\$33,535	\$36,375	\$48,500	\$51,759	\$51,760	\$60,625	\$64,638	\$64,639	\$72,750	\$78,246	\$97,000
5	\$28,410	\$39,247	\$39,248	\$42,615	\$56,820	\$60,577	\$60,578	\$71,025	\$75,650	\$75,651	\$85,230	\$91,576	\$113,640
6	\$32,570	\$44,960	\$44,961	\$48,855	\$65,140	\$69,395	\$69,396	\$81,425	\$86,662	\$86,663	\$97,710	\$104,907	\$130,280
7	\$36,730	\$50,687	\$50,688	\$55,095	\$73,460	\$78,234	\$78,235	\$91,825	\$97,701	\$97,702	\$110,190	\$118,270	\$146,920
8	\$40,890	\$56,428	\$56,429	\$61,335	\$81,780	\$87,095	\$87,096	\$102,225	\$108,767	\$108,768	\$122,670	\$131,665	\$163,560
For each additional person, add	\$4,160	\$5,741	\$5,742	\$6,240	\$8,320	\$8,860	\$8,861	\$10,400	\$11,066	\$11,067	\$12,480	\$13,396	\$16,640

Legend

Premium assistance through Covered California Medi-Cal

Medi-Cal Monthly Premium

Premiums are the same for Restricted scope and for Full scope Medi-Cal

If a family's income is at or below 160%FPL, there is no monthly premium for Medi-Cal coverage.

If a family's income is more than 160%, the monthly premium is \$13 for each Child, and the most a family will have to pay is \$39 a month.

- ▶ Talk with a Medi-Cal Eligibility Worker in BHAC, RAMS, or ZSFGH

SB75 Medi-Cal for Children

- ▶ Will enroll in a Medi-Cal Managed Care Plan (MCP)
- ▶ In SF County:
 - ▶ San Francisco Health Plan
 - ▶ Anthem Blue Cross - California Care
- ▶ If a Beneficiary does not choose by a specified plan enrollment date, DHCS will auto assign MCP
- ▶ FFS Medi-Cal until the Client enrolls in the MCP
- ▶ Specialty MH services are always thru County MHP

What are you going to do?

▶ Suggested Action Items

- ▶ Talk with your Clinic Staff about SB75
- ▶ Discuss SB75 benefits with Uninsured Clients
- ▶ Inform Clients with Restricted Medi-Cal about the transition to Full-Scope MC
- ▶ Help Uninsured Clients apply for Full-scope Medi-Cal benefits
 - ▶ Transitional Age Youth obtain FFS Medi-Cal
- ▶ Verify your Clients' eligibility information so you know what coverage they have

▶ Required Action

Complete the Episode Guarantor Information (EGI) form in Avatar to update Clients' eligibility information so your Services can be billed correctly.

Questions?

CA Department of Health Care Services website:

www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/sb-75.aspx