



Impact of the Affordable Care Act (ACA) on Diabetes Management

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Outline

1. Overview of CalOptima
2. Coverage Expansion and Enrollment
3. New Behavioral Health Benefit
4. ACA and Impact on Diabetes
5. CalOptima Model of Care Enhancements
6. Conclusion and Observations

1. What is CalOptima?


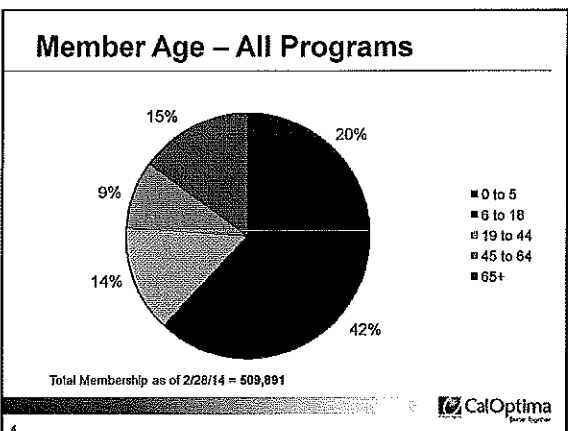

Overview of CalOptima

CalOptima is a county organized health system that administers health insurance programs for low-income families, children, seniors and people with disabilities in Orange County.

Mission: To provide members with access to quality health care services delivered in a cost-effective and compassionate manner.

Vision: To be a model public agency and community health plan that provides an integrated and well-coordinated system of care to ensure optimal health outcomes for all our members.


Values: CalOptima CARES — Collaboration, Accountability, Respect, Excellence, Stewardship.

2. Coverage Expansion and Enrollment


Medi-Cal Before and After ACA

Before Affordable Care Act	After Affordable Care Act
<ul style="list-style-type: none"> Individuals had to meet financial criteria (income level and asset test) AND also be "categorically" eligible; <ul style="list-style-type: none"> Families with children Pregnancy Disability Seniors Children in foster care People with specific diseases (e.g., breast cancer) 	<ul style="list-style-type: none"> Higher income threshold No longer need to be "categorically" eligible, although categories remain to qualify others Asset test eliminated

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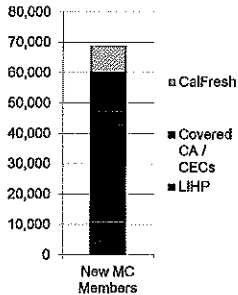
Medi-Cal Expansion Population


- Three broad categories
 - Low-Income Health Program (LIHP) members
 - Orange County's safety net program for the uninsured, known as the Medical Services Initiative (MSI)
 - Until January 1, 2014, provided medical services to individuals with incomes at or below 200% federal poverty level
 - More than 36,000 transitioned to CalOptima on January 1, 2014
 - CalFresh Express Lane in 2014
 - Offered through 2014; must affirm desire to be enrolled
 - Non-disabled childless adults receiving CalFresh
 - Children receiving CalFresh
 - Adult parents of children receiving CalFresh
 - Newly eligible people
 - Low-income childless adults who are not elderly or disabled
 - Enrollment levels will depend on outreach and awareness

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Medi-Cal Expansion Enrollment


- 37,580 transitioning Low-Income Health Program (MSI) members
- 8,614 via CalFresh Express Lane eligibility program
- 22,816 through Covered California website or community-based enrollers
 - Medi-Cal eligible callers to Covered California receive "warm handoff" to county Social Services Agency
 - Not enough Certified Enrollment Counselors to meet demand



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Covered California Enrollment


- More than 87,000 enrolled in Orange County as of 2/28/14
 - 196% over the base projection of 44,392 enrollments
 - 87% qualified for subsidies
 - Another 88,000 residents determined likely eligible for Medi-Cal (warm hand-off to Orange County SSA)
- Open enrollment has ended
 - Must now have qualifying event to sign up
 - Ex: Lost coverage through work
 - Next open enrollment most likely Nov. 15, 2014 – Feb. 15, 2015, although Covered California has not announced yet
 - Reminder: Medi-Cal enrollment is year-round

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Income Guidelines for ACA Programs

IF YOU ARE...	YOU QUALIFY FOR...
AN INDIVIDUAL	
making less than about \$16,300	Medi-Cal
making \$16,301 to \$27,900	Help in paying out-of-pocket costs like deductibles and co-pays. You also qualify for a tax credit that will lower the amount of your monthly premium.
making \$27,901 to \$44,700	A tax credit that will lower the amount of your monthly premium.
making more than \$44,700	No government assistance but are eligible to buy health insurance through Covered California.
A FAMILY OF FOUR	
making less than about \$31,300	Medi-Cal
making \$31,301 to \$57,600	Help in paying out-of-pocket costs like deductibles and co-pays. You also qualify for a tax credit that will lower the amount of your monthly premium.
making \$57,601 to \$92,200	A tax credit that will lower the amount of your monthly premium.
making more than \$92,200	No government assistance but are eligible to buy health insurance through Covered California.

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Better. Together.

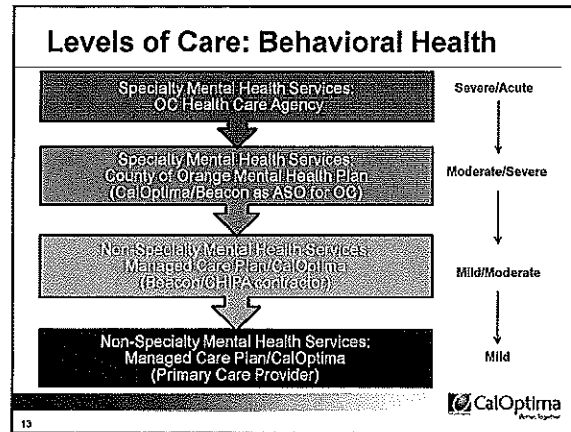
3. New Behavioral Health Benefit

Medi-Cal Benefit Package


Essential Health Benefits

- Ambulatory patient services (doctor visits)
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

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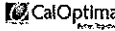



Behavioral Health Access Line



Call: 1-800-723-8641

For screening/assessment and referral to services as appropriate


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4. ACA and Diabetes

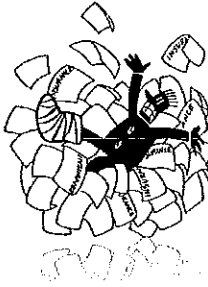
ACA and Impact on Diabetes

1. Consumer Protections
2. Diabetes Prevention
3. Chronic Disease Management




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Consumer Protections

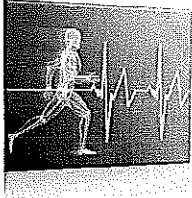



- Pre-existing conditions
- Lifetime limits
- Rescission
- Increased costs based on health status
- Preventive care
- Essential health benefits package

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Diabetes Prevention



- Incentives for prevention of chronic diseases in Medicaid
- Prevention and Public Health Fund

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Chronic Disease Management


- Shift to Patient-Centered Medical Home model
- Independence at Home demonstration program


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Importance of Chronic Conditions

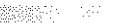
Chronic Condition	Members	Percentage
Diabetes without complications	1,879	10.5%
Major Depressive, Bipolar and Paranoid	2,860	16.0%
Renal Failure	2,286	12.8%
Chronic Obstructive Pulmonary Disease	1,556	8.7%
Congestive Heart Failure	1,068	6.0%
Vascular Disease	1,511	8.5%
Polyneuropathy	1,487	8.3%
Diabetes with Renal or Peripheral Manifestations	2,717	15.2%
Diabetes with Neurologic or Other Specified Manifestations	1,424	8.0%
Specified Heart Arrhythmias	1,058	6.9%
Total	17,948	



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5. CalOptima Model of Care Enhancements



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Model of Care Enhancements


- Improved Health Risk Assessment (HRA) tool
 - Utilizes current framework
 - Serves to improve the process for OneCare members and offer providers more actionable information
- Additional, specialized staffing (Personal Care Coordinators) funded by CalOptima for assistance with HRAs and timely completion of all tasks and Interdisciplinary Care Team (ICT) meetings
- HRA leads to Initial Care Plan (iCP) recommendations, including identification of ICT members




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Model of Care Enhancements (Cont.)

- Clarified Low, Moderate and High risk stratification levels
- The risk level, HRA, iCP and list of domains create actionable tools for the ICT to use in the development of the finalized Individual Care Plan (ICP)
- Defined specific requirements of finalized ICP – attention to the following needs:
 - Cultural differences
 - Language
 - Alternative formats
 - Health literacy



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6. Conclusion and Observations

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Brighter Future for Diabetes Management


- Affordable Care Act impacts lower income people who have diabetes or are at risk for diabetes in positive ways
 - > Broader access to care
 - > Emphasis on preventive care
 - > Focus on comprehensive, whole-person care
 - > Ongoing innovations in care



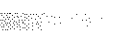




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