

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

324



**FROM:** Executive Office

**SUBMITTAL DATE:**  
April 30, 2013

**SUBJECT:** Health Care Governance Committee Monthly Update

**RECOMMENDED MOTION:** That the Board of Supervisors receive and file the Health Care Governance Committee Monthly Update

**BACKGROUND:**

This monthly report to the Board provides an update on various activities and issues related to implementation of health care reform in Riverside County. Included this month, is an update on the request for proposal, the proposed state-county options for Medicaid expansion and the latest information on Medicaid (Medi-Cal) expansion enrollment process and the Coordinated Care Initiative (CCI).

Departmental Concurrence

*Debra Cournoyer*

Debra Cournoyer, Deputy County Executive Officer

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$	<b>In Current Year Budget:</b>	
	Current F.Y. Net County Cost:	\$		Budget Adjustment:
	Annual Net County Cost:	\$		For Fiscal Year:

<b>SOURCE OF FUNDS:</b>	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:**

APPROVE

BY: *Christopher M. Hans*

County Executive Office Signature Christopher M. Hans

- Policy
- Policy
- Consent
- Consent

Dep't Recomm.:  
Per Exec. Ofc.:

**Prev. Agn. Ref.:** 1/29/13 2.18, 2/26/13 2.8, 3/26/13

**District:** All

**Agenda Number:**

2013 V68 S3 6WIS: S8

2-1

As mentioned in previous reports to the Board, County Purchasing and Fleet Services on behalf of the Executive Office released a request for proposal on January 28, 2013 seeking a consultant(s) with expertise in health and mental health delivery system strategic planning; and public hospital and clinic operational and financial performance. The bid closed on February 27, 2013, proposals have been evaluated and an agreement is expected to be submitted to the Board within the next few weeks.

At the March 26, 2013 Board Workshop information was presented regarding the proposed State-County options for Medicaid Expansion. Discussions are ongoing between the California State Association of Counties (CSAC) and the State Administration regarding the options. It is anticipated that further information will be available in conjunction with the release of the Governor's May Revise.

With regard to the eligibility and enrollment process for health care reform, Covered California is the entity responsible for defining the processes and developing the systems to support consumer access to health care coverage. Within that process, county social service departments are responsible for assessing eligibility and completing plan enrollment for all Medi-Cal families, as well as individuals who would qualify under the expanded Medi-Cal program proposed by the State, also referred to as MAGI Medi-Cal. In addition, counties will serve as the walk-in option for anyone seeking healthcare coverage through the health benefit exchange (Covered California). After the first year of operation, counties will also be responsible for assisting households who may have members eligible for both Medi-Cal and the subsidized health plans, also referred to as mixed cases.

DPSS is working closely with Covered California, the State Department of Health Care Services, CSAC and California Welfare Directors Association (CWDA) to address various policy and system changes necessary to implement the Affordable Care Act (ACA). Currently, there are several identified concerns that are not expected to be resolved prior to the open enrollment period scheduled to begin October 1. Most notable is the lack of an interface between CalHEERs (the eligibility and enrollment system being built) and C-IV (current eligibility and case management system). Covered California determined that there was not sufficient time to build the interface. The purpose of the interface is to leverage the County's ability to use one system that DPSS staff is already trained to use and to facilitate customer access to CalFresh and CalWORKs.

DPSS is developing a report for the Board that will provide more details regarding the operational approach, anticipated challenges and customer experience. It is anticipated that additional information and policy decisions will be made in conjunction with the Governor's May Revise. Therefore, the DPSS report will be provided in late May or early June.

In addition to these preparations, the State recently received federal approval to implement the duals demonstration project which is part of the larger CCI and has recently been renamed Cal Medi-Connect. This pilot program brings together the managed care providers and the In-Home Supportive Services (IHSS) program with a focus on enhancing health outcomes for low-income seniors and persons with disabilities, specifically persons dually eligible for Medicare and Medi-Cal.

RE: Health Care Governance Committee Update

Date April 30, 2013

Page 3

With federal approval now in hand, the State is on a fast track to implement the pilot program, which includes Riverside and San Bernardino counties. The pilot program can begin as early as October. The first requirement is the approval of a Memorandum of Understanding (MOU) between the managed care providers and the County. The State has requested Board of Supervisors approval of the MOU by June 1, 2013. Beginning last fall, DPSS has been actively engaged in regular joint meetings with Inland Empire Health Plan (IEHP), Molina Health Care, Office on Aging and San Bernardino county representatives to develop the MOU in advance of federal approval. DPSS is working closely with the partner agencies to finalize the agreement and bring it before the Board for approval.

A critical component for the managed care providers are the capitated rates paid for the Medicare and Medi-Cal benefits under the Cal Medi-Connect program. It is not clear when those rates will be available, but until they are known, IEHP will not be able to fully determine the feasibility of the pilot.